ACIBADEM

ACIBADEM LABMED

Lİ-FR-001	ISTANBUL HLA TYPING LABORATORY TEST REQUEST FORM

REQUEST DATE/TIME			
RECIPIENT ☐	**TENAY BARCODE**	**DONOR** ☐	**TENAY BARCODE**
NAME-SURNAME		**NAME-SURNAME**	
PROTOCOL NO		**PROTOCOL NO**	
BIRTHDATE/GENDER	…/…/…. ☐ M ☐ F	**BIRTHDATE/GENDER**	…/…/…. ☐ M ☐ F
BLOOD TYPE		**BLOOD TYPE**	
Diagnosis		**Kinship Relationship with the Recipient**	
The Date of the Last Transfusion	…/…/….	**Mark the donor HLA-type if known.**	☐ HLA-A ☐ HLA-DR ☐ HLA-B ☐ HLA-DQ ☐ HLA-C
Number of Pregnacies (Including Miscarriages and Abortions)			
Has There Been a Transplant Before?	☐ Yes ☐ No		

	TEST CODE/TEST LIST	**SPECIMEN TYPE/VOLUME**	
		Recipient	**Donor**
☐	**C8389606**/SBT, High Resolution, 4-digits, Donor Screening, 6 loci (HLA A, B, C, DR, DQ, DP)	1 unit whole blood (EDTA)	1 unit whole blood (EDTA)
☐	**C8696183**/SBT, High Resolution, 4-digits, Donor Screening, 5 loci (HLA A, B, C, DR, DQ)	1 unit whole blood (EDTA)	1 unit whole blood (EDTA)
☐	**C8390003**/SSO, HLA-A, B, C (Low Resolution)	1 unit whole blood (EDTA)	1 unit whole blood (EDTA)
☐	**C8390004**/Transplantation SSO, HLA-DR, DQ (Low Resolution)	1 unit whole blood (EDTA)	1 unit whole blood (EDTA)
☐	**C8390005**/SSO, HLA-A, B, DR (Low Resolution)	1 unit whole blood (EDTA)	1 unit whole blood (EDTA)
☐	**C8390006**/SSO, HLA A (Low Resolution)	1 unit whole blood (EDTA)	1 unit whole blood (EDTA)
☐	**C8390007**/SSO, HLA B (Low Resolution)	1 unit whole blood (EDTA)	1 unit whole blood (EDTA)
☐	**C8390008**/SSO, HLA C (Low Resolution)	1 unit whole blood (EDTA)	1 unit whole blood (EDTA)
☐	**C8390040**/SSO, HLA, A, B, C, DR (Low Resolution)	1 unit whole blood (EDTA)	1 unit whole blood (EDTA)
☐	**C8390009**/SSO, HLA DR B1 (Low Resolution)	1 unit whole blood (EDTA)	1 unit whole blood (EDTA)
☐	**C8390045**/SSO, HLA A, B, C, DR, DQ (Low Resolution)	1 unit whole blood (EDTA)	1 unit whole blood (EDTA)
☐	**C8390011**/SSO, HLA DQ B1, DQ A1 (Low Resolution)	1 unit whole blood (EDTA)	1 unit whole blood (EDTA)
☐	**C8390024**/Lymphocyte Cross-Match (Flow Cytometry)	1 unit blood tube with gel	1 unit blood tube with ACD
☐	**C8390044**/Lymphocyte Cross-Match (CDC)	1 unit blood tube with gel 2 units blood tube with ACD	2 units blood tube with ACD
☐	**C8390026**/HLA Donor Specific Antibody	1 unit blood tube with gel	1 unit blood tube with ACD
☐	**C8390014**/PRA (Panel Reactive Antibody) Screen	1 unit blood tube with gel	----
☐	**C8390017**/PRA (Panel Reactive Antibody) Identification	1 unit blood tube with gel	----
☐	**C8390018**/Panel Reactive Antibody (PRA) Class I Antigen Specific	1 unit blood tube with gel	----
☐	**C8390019**/Panel Reactive Antibody (PRA) Class II Antigen Specific	1 unit blood tube with gel	----
☐	**C8696181**/Single Antigen Class I	1 unit blood tube with gel	----
☐	**C8696180**/Single Antigen Class II	1 unit blood tube with gel	----
☐	**C8616108**/C3d-Detection Test-Class I	1 unit blood tube with gel	----
☐	**C8616109**/C3d-Detection Test-Class II	1 unit blood tube with gel	----

- Please fill in the form completely
- You may find the details of the test at the Acıbadem **"Labmed Test Catalog"**.

	INSTITUTION/DUTY	**STAMP/SIGNATURE**
REQUESTING PHYSICIAN		
BEHALF OF ACIBADEM LABMED ISTANBUL HLA TYPING LABORATORY	**SAMPLE ACCEPTED DATE/TIME**	**STAMP/SIGNATURE ACCEPTING THE SAMPLE**

Packages should be sent addressed to: Icerenkoy Mah. Kayışdagi Cad. Acıbadem Mehmet Ali Aydinlar Universitesi No:32-36C (C Block) Atasehir/Istanbul
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