Kingston Health Sciences Centre
Centre des sciences de la santé de Kingston

KGH Kingston General Hospital
Outstanding care, always℠
Clinical Laboratory Services

# HISTOCOMPATIBILITY REQUISITION

**IMMUNOLOGY LABORATORY**
**76 Stuart Street, Douglas 4, Room 8-402**
**Kingston, ON K7L 2V7**
**PHONE: (613) 549-6666 ext. 4602**
**FAX: (613) 548-1356**
**Laboratory Hours: Monday-Friday, 8-4pm**
**Closed Weekends and Stat Holidays**

| | | |
|---|---|---|
| Hospital ID No. (CR No.): | | |
| Patient Name: (Last) (First) | | |
| Date of Birth (yyyy-mmm-dd): | ☐ Male | ☐ Female |
| Health Card Number (HCN): | Version Code: | |
| Address: | | |
| City/Town: | Province: | Postal Code: |
| Ordering Physician: | Physician Signature: | |
| Ordering Physician's OHIP Billing Number: | | |
| Specimen Collected by: | Date: | Time: |

## RENAL TRANSPLANT

**RECIPIENT CLINICAL INFORMATION**

TGLN #: CTR #:

Sensitization History: # Transfusions: | # Pregnancies: |
Date of Last:

Previous Transplant: ☐ No ☐ Yes
Date of Last:

Immunosuppressive Therapy: ☐ Other:
☐ None ☐ ATG ☐ Rituximab ☐ IVIG ☐ PLEX

**DONOR INFORMATION** ☐ Live ☐ Deceased

TGLN #: CTR #:

Recipient Name:

Recipient TGLN#:

Recipient CTR#:

Relationship to recipient:

## STEM CELL & BONE MARROW TRANSPLANT

Clinical Diagnosis:

☐ Recipient ☐ Donor

If testing for a donor provide the recipient information below:

Recipient Name:

Recipient HCN: V:

Relationship to Recipient:

| | |
|---|---|
| HLA Typing (select) | 1 EDTA Lavender Top Peripheral Blood |
| ☐ Intermediate Resolution Donor HLA Screening (in house) | |
| ☐ High Resolution HLA Typing Transplant Centre Requisition Required | |
| ☐ HLA Antibody Testing | 1 Red Top Peripheral Blood |

## HLA TESTING FOR MATCHED PLATELETS

| | |
|---|---|
| ☐ HLA Typing | 1 EDTA Lavender Top Peripheral Blood |
| ☐ HLA Antibody Testing | 1 Red Top Peripheral Blood |

TWO sequential poor post-transfusion increments (<60min) required

## Testing Required

| | |
|---|---|
| ☐ **HLA Typing** | 1 EDTA (Lavender) Peripheral Blood |
| **HLA Antibody Testing** | 1 Red Top Peripheral Blood |

☐ **Single Antigen/cPRA Testing for Antibody identification**
☐ **Virtual HLA Crossmatch**

☐ **Donor-Specific Antibodies (DSA)**
- If **STAT** Notify Laboratory

☐ **Flow Cytometry Lymphocyte Crossmatch**

Call Laboratory to coordinate
- If **STAT** Page Dr. G. Quest

| | |
|---|---|
| Recipient: | 1 Red Top Peripheral Blood |
| Donor: | 4 ACD-A Yellow Peripheral Blood |

## HLA TYPING FOR AUTOIMMUNE DISEASE / HYPERSENSITIVITY

1 EDTA Lavender Top Peripheral Blood

☐ HLA-B27 – Ankylosing Spondylitis

☐ HLA-DQ2/DQ8 – Celiac Disease

☐ HLA-B*57:01 – Abacavir Hypersensitivity

**Other indications require HLA Director pre-approval**

☐ Suspected HLA Disease Association

Name of locus/allele requested:

Contact: graeme.quest@kingstonhsc.ca