

IMMUNOGENETICS CENTER REQUISITION

Department of Pathology and Lab Medicine / Immunogenetics Center Elaine F. Reed, Ph.D., D(ABHI), Director Ojubeng (Jennifer) Zhang, Ph.D., D(ABHI), Associate Director

PATIENT/DO						D(ABHI), Associate				
PATIENT/DONOR INFORMATION NAME (LAST, FIRST, MIDDLE)				ETHNICITY:		UIC# (LAB USE ONLY)		CENTER #:		
NAWE (LAST, FIRST, WIDDLE)				HNICIT	Y:					
PATIENT/DONOR ID #: PATIENT SOCIAL SECURITY #:						SPECIMEN INFORMATION				
DATE OF BIRTH: SEX: MALE FEMALE ICD-10 Code: Medical Necessit requested must be indicated by						☐ BLOOD	☐ LYMPH NODE ☐ SPLEEN			
PHYSICIAN'S NAME (LAST, FIRST, INITIAL): PHYSICIAN'S SIGNATURE:						OTHER:				
ADDRESS (STREET, CITY, STATE, ZIP): PHYSICIAN'S PHONE#: PHY			PHYSIC	IAN'S I	ID#·	COLLECTION DATE:	I TIME:		BY:	
ADDRESS (STREET, STITT, STATE, ZIF).	FITTSION	AN 3 FIIONL#.	FIIIO	JAN 5 I	10#.	COLLECTION DATE.	TIIVIL.		ы.	
SEND BILL TO (NOTE: WE DO NOT BILL INDIVIDUALS OF INSURANCE).										
SEND BILL TO (NOTE: WE DO NOT BILL INDIVIDUALS OR INSURANCE): PHYSICIAN/CLIENT NAME (LAST, FIRST, INITIAL):						FAX RESULTS TO PHONE #: ORDERED BY (NAME/PHONE)				ME/PHONE#):
						· · ·				
PHYSICIAN/CLIENT ADDRESS (STREET, CITY STATE, ZIP):						SEND RESULTS TO (NAME, ADDRESS, CITY, STATE, ZIP):				
Note: Patien	t informe	d consent m	ust k	oe o	btained fo	or all diagnostic	genetic	testing		
DIRECTIONS:		,	SPECI	IMEN	TYPE		S	END SPEC	IMEN	S TO:
DO NOT REFRIGERATE BLOOD	DNA Testing	: 10 mL ACD (yell	ow top))	Antibody Scr	een: 10 mL red top	UCLA Immunogenetics Center			
Samples should be sent immediately after drawing, to be		atch: 10 mL red to	op (pati	ent),		match: 10 ml red top,		teran Aver os Angeles		oom 1-308) 90095
received within 24hrs.	6x10 mL ACE	O (donor)			6x10 mL AC	D (patient)	Ph: 310	-206-0258 F	-ax: 31	0-794-5652
PATIENT INFORMATION HISTORY						IF ENCLOSI	IF ENCLOSED SAMPLE IS FROM A DONOR:			ONOR:
		DISEASE:				RECIPIENT'S NAME				
BLOOD GROUP: DATE OF PATI				S LAS	ST	RECIPIENT DOB / MRN:				
☐ A ☐ B ☐ O ☐ A TRANSPLANT TYPE:	'R	Drug therap				RELATIONSHIP OF	DONOR TO	O RECIPIENT	Г:	
☐ Heart ☐ Lung ☐ Kidney ☐ Liver ☐ SM Bowel ☐ rituximab ☐				ymogl ampath	lobulin					
☐ Bone Marrow ☐ Other		other:	ca		1					
☐ PRE-TRANSPLANT TESTS ☐ I	POST-TRANS	PLANT TESTS (TRANS	SPLANT	т D ате:/	/_ DONOR NAM	E / UNOS I	D:)
PRE-TRANSPLANT TESTS I I		SPLANT TESTS (TRANS	SPLANT	т D ате:/	/ DONOR NAM)
MOLECULAR 210075 HLA-A, B, C, DRB1 3/4/	TYPING /5, DQA1, DQB		TRANS		210025	MOLECUL	AR TYPIN DRB1, DQ	G)
MOLECULAR 210075 HLA-A, B, C, DRB1 3/4/ (Intermediate resolution	TYPING /5, DQA1, DQB		TRANS		210025 210036	MOLECUL	AR TYPIN DRB1, DQ	G)
MOLECULAR □ 210075 HLA-A, B, C, DRB1 3/4/ (Intermediate resolution □ 211016 HLA-A (Intermediate □ 211017 HLA-B (Intermediate	TYPING (5, DQA1, DQB') e resolution) e resolution)		TRANS		210025	MOLECUL	AR TYPIN DRB1, DQ ILA typing	B1 typing)
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