

Vancouver General Hospital
Histocompatibility Outpatient Requisition

Immunology Laboratory
Phone: 604-875-4393 Fax: 604-875-4709

Program Information

THE FOLLOWING INFORMATION MUST BE COMPLETED IN FULL. ONLY ACCURATELY LABELED SPECIMENS WILL BE ACCEPTED
addressograph labels with appropriate demographics are also acceptable

Demographics <i>Must match sample tube(s)</i>				Ordering Physician <i>Name, Address, Phone, Fax, MSP</i>	
Name (Surname): _____ (First): _____				Name: _____	
Date of Birth: _____				Address: _____	
Sex: M F		Phone: _____		Fax: _____	
PHN: _____		MSP: _____		Coordinator: _____	
Patient Address: _____					

Hospital Site & Organ Program				For Phlebotomist Use:	
VGH	SPH	BCCH	Other:	Collection Date & Time: _____	
Kidney	Heart	Lung	Pancreas	Liver	Islet
Diagnosis:				Phlebotomist ID/Initial: _____	
				Is Autoimmune Disease Present? Yes No	
				Is patient on immunosuppressive / biologic therapy? Yes No	

Test Request and Sample Type: (refer to page 2 for detailed instructions)

STAT	Select One (for Immunology reference):			
	Recipient		Donor	
Test Name	Tube Requirements		For VCH and PHSA Lab Use	
	Adult	Pediatric	Order Entry Code SQ 6.4	Order Entry Code VPP SQ 8.1
HLA Typing	ACD: 2 x 6 mL	ACD: 1 x 6 mL	HLATYB	HLATYB
HLA Antibody Screen	<i>For Immunology reference: Virtual Crossmatch PRA Update Only</i>		Red: 1 x 6 mL	Red: 1 x 3 mL
Post-Transplant Monitoring				
HLA Donor Specific Antibody (DSA)	Red: 1 x 6 mL	Red: 1 x 3 mL	HLASCB	HLADSB
HLA Bank Serum	Red: 1 x 6 mL	Red: 1 x 3 mL	HLASCB	HLABS
Lymphocyte Crossmatch				
Recipient Lymphocyte Crossmatch	Red: 1 x 6 mL	Red: 1 x 3 mL	LYMXMB	HLAXRB
Donor Lymphocyte Crossmatch	ACD: 5 x 6 mL	ACD: 2 x 6 mL	LYMXMB	HLAXRDB
Autologous Lymphocyte Crossmatch	ACD: 5 x 6 mL Red: 1 x 6 mL	ACD: 2 x 6 mL Red: 1 x 3 mL	LYMXMB	HLAXRDB

* ACD (Pale yellow) tube can be either solution A or B*

Physician Signature: _____

Send Specimen to:

(For out of Province collection, refer to page 2 for courier information)
Immunology Laboratory - Vancouver General Hospital
c/o Laboratory Reception
Room 1302, Jim Pattison Pavilion, 1st Floor
910 West 10th Avenue, Vancouver, BC V5Z 1M9

For Immunology Lab Use

DETAILED INSTRUCTIONS

A. TEST REQUEST (Ordering Guideline for Different Purposes) :

- **Pre transplant assessment**
 - HLA typing
 - HLA antibody screening
 - ABO
- **Panel reactive antibody/ Cytotoxic antibody/ Monthly serum collection for Active list**
 - Cytotoxic antibody screen/ Monthly serum collection
- **HLA antibody update after sensitizing event**
 - HLA antibody screening
- **Post-transplant monitoring antibody screen/ Donor specific antibody**
 - HLA donor specific Ab/ Post-transplant monitoring Ab screen
- **Initial crossmatch/ Virtual crossmatch**

Patient (New/ HLA not typed at VGH before)	Donor (New)
<ul style="list-style-type: none"> • HLA typing • HLA antibody screening • ABO 	<ul style="list-style-type: none"> • HLA typing • ABO

- **Intermediate/ Final crossmatch**

Patient	Donor
<ul style="list-style-type: none"> • HLA flow crossmatch - Recipient • HLA antibody screening • ABO 	<ul style="list-style-type: none"> • HLA flow crossmatch - Donor • ABO

- **Autologous crossmatch**
 - HLA flow crossmatch - Autologous

B. SAMPLE HANDLING INSTRUCTION:

- Samples should be gently mixed after collection
- Send at room temperature – do **NOT** refrigerate and do **NOT** centrifuge
- Label specimen with patient’s name, DOB, PHN and date/time collected
- Include this requisition with bloodwork and phlebotomist should initial requisition on page 1
- Send samples **STAT** to VGH Immunology Laboratory (see page 1 for address)
- Samples for **HLA Flow Crossmatch** should **ONLY** be collected **from Monday to Wednesday** and arrived at the VGH Immunology Laboratory by Thursday afternoon

C. SPECIMEN TRANSPORT BY COURIER:

Solid Organ Tx Program	St. Paul’s Hospital	Vancouver General Hospital
Courier		
Account #		
Special Instruction		

D. LABORATORY CONTACT:

VGH Immunology Laboratory:

Phone: 604-875-4393

Fax: 604-875-4709