

**Vancouver General Hospital
Histocompatibility Outpatient Requisition**

Program Information

All fields must be completed (addressograph labels with appropriate demographics are also acceptable)				Ordering Physician, Address, MSP number	
PHN Number					
Patient Name (Surname, First Name)					
DOB (YYYY/MM/DD)		SEX			
		<input type="checkbox"/> M <input type="checkbox"/> F			
Hospital Site & Solid Organ Program:				(For Phlebotomist use)	
<input type="checkbox"/> VGH	<input type="checkbox"/> SPH	<input type="checkbox"/> BCCH	<input type="checkbox"/> Other:		
<input type="checkbox"/> Kidney	<input type="checkbox"/> Heart	<input type="checkbox"/> Lung	<input type="checkbox"/> Pancreas	<input type="checkbox"/> Liver	<input type="checkbox"/> Islet
				Collection Date & Time:	
				Phlebotomist ID/Initial:	

STANDING ORDER TEST REQUEST AND SAMPLE TYPE:

Test Name	Tube Required		(For VCH and PHSA Lab Use)	
	<input type="checkbox"/> Adult	<input type="checkbox"/> Pediatric	Order Entry Code at SQ 6.4	Order Entry Code at VPP SQ 8.1
<input type="checkbox"/> Cytotoxic Antibody Screen/ Monthly Serum Collection	Red: 1 x 6mL	Red: 1 x 3mL	HLASCB	CASPB

STANDING ORDER EXPIRY AND FREQUENCY

Standing Order Start Date (YYYY/MM/DD):	
Frequency:	<input type="checkbox"/> Drawn Monthly for 2 years or until cancellation of request ** For Patients: Sample must be collected after the 27th of each month to the 7th of the next month. **

Send Specimen to:	<input type="checkbox"/> ROUTINE	<input type="checkbox"/> STAT	Physician Signature:
(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, 1 st Floor 910 West 10 th Avenue, Vancouver, BC V5Z 1M9			

DETAILED INSTRUCTIONS

A. TEST REQUEST:

- **Panel reactive antibody/ Cytotoxic antibody/ Monthly serum collection for Active list**
 - Cytotoxic antibody screen/ Monthly serum collection

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 to VGH Immunology Laboratory by the next **ROUTINE** courier ASAP or **STAT** if needed (see page 1 for the address)

C. SPECIMEN TRANSPORT BY COURIER:

Solid Organ Tx Program	<input type="checkbox"/> St. Paul's Hospital	<input type="checkbox"/> Vancouver General Hospital
Courier		
Account #		
Special Instruction		

D. LABORATORY CONTACT:

VGH Immunology Laboratory:

Phone: 604-875-4393

Fax: 604-875-4709