



Histocompatibility Laboratory Request Form

1500 East Duarte Road, Duarte, CA 91010-0269

Director: David Senitzer, PhD

Phone: (877) 443-GENE Fax: (626) 301-8888

Email: hlatesting@coh.org

This form must accompany **each** specimen.

Patient / Donor Information			
Name	Sex	Date of Birth (mm/dd/yyyy)	Race
Street Address	City	State/Province/Territory	Zip/Postal Code
Specimen # (if available)		Date and Time Collected	
Relationship to Patient			
Referring Physician/Laboratory Information			
Please Note: City of Hope Histocompatibility Laboratory is a reference lab and does not bill third parties. The referring physician/laboratory is liable for all charges.			
Physician Name		NPI #	
Street Address		Laboratory/Hospital	
City		Phone number	
State/Province/Territory	Zip/Postal Code	Please select a way to receive test results	
MD Signature		<input type="checkbox"/> FAX Number: _____ <input type="checkbox"/> EMAIL: _____	
HLA Testing			
Low Res Molecular Typing (Patient/Family)		High Res Molecular Typing (Matched Sibling & Patient)	
Class I <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C	Class II <input type="checkbox"/> DQB1 <input type="checkbox"/> DRB1	Class I <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C	Class II <input type="checkbox"/> DQB1 <input type="checkbox"/> DPB1 <input type="checkbox"/> DRB1 <input type="checkbox"/> DRB3 <input type="checkbox"/> DRB4 <input type="checkbox"/> DRB5
Engraftment (Chimerism) Analysis. Cell subset analysis available.		TRANSPLANT DATE _____	
<input type="checkbox"/> PB <input type="checkbox"/> BM <input type="checkbox"/> BMCD3 <input type="checkbox"/> CD3	<input type="checkbox"/> CD4 <input type="checkbox"/> CD8 <input type="checkbox"/> CD14	<input type="checkbox"/> CD15 <input type="checkbox"/> CD19 <input type="checkbox"/> CD 56	<input type="checkbox"/> PRE <input type="checkbox"/> DONOR
<input type="checkbox"/> Leukocyte Antibody Screen		<input type="checkbox"/> Leukocyte Crossmatch	
<input type="checkbox"/> Immune Response Assay		<input type="checkbox"/> Vaccine-Related Typing	