

LI-FR-001

ISTANBUL HLA TYPING LABORATORY TEST REQUEST FORM

REQUEST DATE/TIME			
RECIPIENT <input type="checkbox"/>	TENAY BARCODE	DONOR <input type="checkbox"/>	TENAY BARCODE
NAME-SURNAME		NAME-SURNAME	
PROTOCOL NO		PROTOCOL NO	
BIRTHDATE/GENDER	.../.../.... <input type="checkbox"/> M <input type="checkbox"/> F	BIRTHDATE/GENDER	.../.../.... <input type="checkbox"/> M <input type="checkbox"/> F
BLOOD TYPE		BLOOD TYPE	
Diagnosis		Kinship Relationship with the Recipient	
The Date of the Last Transfusion	.../.../....	Mark the donor HLA-type if known.	<input type="checkbox"/> HLA-A <input type="checkbox"/> HLA-DR
Number of Pregnancies (Including Miscarriages and Abortions)			<input type="checkbox"/> HLA-B <input type="checkbox"/> HLA-DQ
Has There Been a Transplant Before?	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> HLA-C
TEST CODE/TEST LIST		SPECIMEN TYPE/VOLUME	
		Recipient	Donor
<input type="checkbox"/>	C8390005/SSO, HLA-A, B, DR (Low Resolution)	1 unit whole blood (EDTA)	1 unit whole blood (EDTA)
<input type="checkbox"/>	C8390045/SSO, HLA A, B, C, DR, DQ (Low Resolution)	1 unit whole blood (EDTA)	1 unit whole blood (EDTA)
<input type="checkbox"/>	C8390006/SSO, HLA A (Low Resolution)	1 unit whole blood (EDTA)	1 unit whole blood (EDTA)
<input type="checkbox"/>	C8390007/SSO, HLA B (Low Resolution)	1 unit whole blood (EDTA)	1 unit whole blood (EDTA)
<input type="checkbox"/>	C8390008/SSO, HLA C (Low Resolution)	1 unit whole blood (EDTA)	1 unit whole blood (EDTA)
<input type="checkbox"/>	C8390009/SSO, HLA DR B1 (Low Resolution)	1 unit whole blood (EDTA)	1 unit whole blood (EDTA)
<input type="checkbox"/>	C8390011/SSO, HLA DQ B1, DQ A1 (Low Resolution)	1 unit whole blood (EDTA)	1 unit whole blood (EDTA)
<input type="checkbox"/>	C8389606/SBT, High Resolution, 4-digits, 6 loci Typing, (HLA A, B, C, DR, DQ, DP)	1 unit whole blood (EDTA)	1 unit whole blood (EDTA)
<input type="checkbox"/>	C8696183/SBT, High Resolution, 4-digits, , 5 loci Typing (HLA A, B, C, DR, DQ)	1 unit whole blood (EDTA)	1 unit whole blood (EDTA)
<input type="checkbox"/>	*C8460007/SBT, High Resolution, 4 Digit, HLA A Locus Typing	1 unit whole blood (EDTA)	1 unit whole blood (EDTA)
<input type="checkbox"/>	*C8460008/SBT, High Resolution, 4 Digit, HLA B Locus Typing	1 unit whole blood (EDTA)	1 unit whole blood (EDTA)
<input type="checkbox"/>	*C8460009/SBT, High Resolution, 4 Digit, HLA C Locus Typing	1 unit whole blood (EDTA)	1 unit whole blood (EDTA)
<input type="checkbox"/>	*C8460011/SBT, High Resolution, 4 Digit, HLA DR Locus Typing	1 unit whole blood (EDTA)	1 unit whole blood (EDTA)
<input type="checkbox"/>	*C8460010/SBT, High Resolution, 4 Digit ,HLA DQ Locus Typing	1 unit whole blood (EDTA)	1 unit whole blood (EDTA)
<input type="checkbox"/>	C8390024/Lymphocyte Cross-Match (Flow Cytometry)	1 unit blood tube with gel	1 unit blood tube with ACD
<input type="checkbox"/>	C8390044/Lymphocyte Cross-Match (CDC)	1 unit blood tube with gel 2 units blood tube with ACD	2 units blood tube with ACD
<input type="checkbox"/>	C8390026/HLA Donor Specific Antibody	1 unit blood tube with gel	1 unit blood tube with ACD
<input type="checkbox"/>	C8390014/PRA (Panel Reactive Antibody) Screen	1 unit blood tube with gel	----
<input type="checkbox"/>	C8390017/PRA (Panel Reactive Antibody) Identification	1 unit blood tube with gel	----
<input type="checkbox"/>	C8390018/Panel Reactive Antibody (PRA) Class I Antigen Specific	1 unit blood tube with gel	----
<input type="checkbox"/>	C8390019/Panel Reactive Antibody (PRA) Class II Antigen Specific	1 unit blood tube with gel	----
<input type="checkbox"/>	C8696181/Single Antigen Class I	1 unit blood tube with gel	----
<input type="checkbox"/>	C8696180/Single Antigen Class II	1 unit blood tube with gel	----
<input type="checkbox"/>	C8616108/C3d-Detection Test-Class I	1 unit blood tube with gel	----
<input type="checkbox"/>	C8616109/C3d-Detection Test-Class II	1 unit blood tube with gel	----
<ul style="list-style-type: none"> Please fill in the form completely You may find the details of the test at the Acibadem "Labmed Test Catalog". *Requests will only be accepted from Acibadem Bursa, Adana, Ataşehir, Atakent, Altunizade, İzmir Kent and International Hospitals. 			
REQUESTING PHYSICIAN	INSTITUTION/DUTY		STAMP/SIGNATURE
BEHALF OF ACIBADEM LABMED ISTANBUL HLA TYPING LABORATORY	SAMPLE ACCEPTED DATE/TIME		STAMP/SIGNATURE ACCEPTING THE SAMPLE

Packages should be sent addressed to: Acibadem Labmed İstanbul Doku Tipleme Laboratuvarı, İçerenköy Mah. Kayışdağı Cad. Acibadem Mehmet Ali Aydınlar Üniversitesi No: 32-36C
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