



**UHN – Laboratory Medicine Program**

**Regional Histocompatibility Lab**

**KERATOLIMBAL DONOR TESTING REQUEST**

**Donor Information**

Sample Draw Date:

Sample Draw Time:

Lab tech ID:

Donor Number:

Donor Date of Birth:

Recipient Name:

Recipient Date of Birth:

***Sample tubes MUST be labeled with Donor Number and Date of Birth.***

***Ship 2 (two) Lavender Top Tube (EDTA) by Same- day Courier to:***

Shipping address: Monday – Friday 8 am -5 pm

UHN-HLA Laboratory

200 Elizabeth Street, 11E-444

Toronto, Ontario M5G 2C4

416.340.4995 Fax 416.340.3133

*Samples are accepted at this address Monday to Friday 9 am-5pm*

*Samples accepted at the Toronto General Hospital Core Lab Specimen Management 3E-347, Mon-Fri 5pm-8am and weekends*