



Requisition for London ON BMT referral to PMH

Regional Histocompatibility Lab

*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 are accepted at UHN Core Lab Specimen management 3E-347 all other hours

Name: _____

DOB: _____ Sex: _____

Health Card# _____

Hospital: _____

Patient Information		
Draw Date:	Draw Time:	Draw ID:

Please check all that apply:

RECIPIENT:

- PRA (anti HLA antibodies) – 10 ml red top tube (no anticoagulant) or 2 ml serum
- Pre-transplant confirmatory typing – 10 ml yellow top tube (ACD) or purple top tube (EDTA)

Ship samples same day, between 4°C and Room temperature

Diagnosis: _____

Additional Information or instructions: _____

Samples are accepted Monday to Friday 9 am-5pm

Lab Acc. # _____
Program (internal use only)

Ordering Physician: For PMH Allo Transplant