

SUNNYBROOK HOSPITAL PATIENT



**Princess Margaret Cancer Center –IEC Program
Allogeneic Hematopoietic Stem Cell Transplant**

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 Monday to Friday 9 am-5pm*

Patient/Donor Name:

MRN:

DOB:

Sex:

Patient Information		
Draw Date:	Draw Time:	Draw ID:

RECIPIENT HLA TEST BATTERY FOR INITIATION OF A DONOR SEARCH:

- All three samples below are required.
- A formal donor search must be requested by contacting one of the following donor search coordinators Alex Kerr (Alex.Kerr@uhn.ca), Haley Rutherford (Haley.Rutherford@uhn.ca) or Agustina Boriano (Agustina.Boriano@uhn.ca)

- Initial HLA Typing (High resolution all loci) 10 ml blood ACD tube
- Confirmatory HLA Typing (Int. Resolution HLA-A, B, DRB1) 10 ml blood ACD tube ****MUST BE A SEPARATE DRAW****
- PRA (anti HLA antibodies) – 10 ml blood, red top tube (no anticoagulant)

Diagnosis _____

RELATED DONOR HLA TYPING:

Choose one option below.

- Initial HLA Typing (High Resolution all loci) 10 ml blood ACD tube
- Confirmatory HLA Typing Confirmatory HLA Typing (Int. Resolution HLA-A, B, DRB1) 10 ml blood ACD tube
- Sample for storage only at this time. ****MUST BE A SEPARATE DRAW****

Recipient Name: _____ MRN: _____ DOB: _____

Relationship of the Donor to the Recipient: _____

STAND ALONE RECIPIENT HLA TESTING:

Testing will only be done AFTER a donor search has been initiated.

- PRA (anti HLA antibodies) ONLY 10 ml blood, red top tube (no anticoagulant).
- Confirmatory HLA Typing ONLY (Int. Resolution HLA-A, B, DRB1) 10 ml blood ACD tube.

Lab Acc. # _____

Ordering Physician: _____