

<b>AMERICAN RED CROSS –NORTHEAST DIVISION</b>				<b>CLIA #: 22D0073830</b>		<b>FL# : 800019314</b>	
<b>NEW ENGLAND HLA SERVICES</b>				<b>ASHI #: 10-1-1MA-01-1</b>		<b>NY: 4902</b>	
<b>Neng Yu, M.D.</b>							
<b>FOR RED CROSS USE ONLY:</b>				*DATE COLL:		DATE REC'VD:	
LAB ID#:		ACCT #:					
<b>PATIENT INFORMATION</b>				<b>HOSPITAL INFORMATION</b>			
*PATIENT OR DONOR NAME: (Last, First, Middle) – (print or place label)							
*DATE OF BIRTH:		MRN:		PHYSICIAN:			
DIAGNOSIS:							
*GENDER:		<input type="checkbox"/> M <input type="checkbox"/> F		PHONE:			
BLOOD TYPE:		<input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> O <input type="checkbox"/> AB		FAX:			
RELATIONSHIP TO PATIENT:							
<b>SPECIMEN REQUIREMENTS</b>							
<b>REFRIGERATION IS NOT REQUIRED FOR ANY HLA TEST</b> Samples should be shipped to the lab within 24 hours of collection, whenever possible. Samples for Engraftment Monitoring need to be received within 48 hours of collection. The lab can receive samples 24 hours/day 7 days/week			<b>HLA Typing:</b> One tube 5-10 ml EDTA or ACD; or 4 Buccal Swabs		<b>Antibody Screen / PLT Crossmatch:</b> one 7-10ml clot (red top)		<b>SEND SPECIMENS TO:</b>  <b>American Red Cross-HLA Lab</b> <b>180 Rustcraft Road, Suite 115</b> <b>Dedham, MA 02026</b> <b>Phone: 781-461-2148</b> <b>Fax: 781-461-2269</b>
			<b>T Cell / B cell crossmatch:</b> One 7-10 ml Red and four 10 ml ACD tubes from patient and the donor		<b>HPA-1 (PLA-1) Typing:</b> One 7-10ml EDTA or ACD or 4 Buccal Swabs		
			<b>Engraftment monitoring: (for Pediatric Patients, call for instruction)</b> <b>Pre sample:</b> Buccal swab or one 7-10ml EDTA or ACD <b>Post Blood:</b> one 7-10ml EDTA or ACD <b>Post Blood Cell Subsets:</b> one 7-10ml EDTA or ACD for every two cell subsets <b>Post Marrow:</b> one 2ml EDTA <b>Post CD34 Marrow:</b> 2-5 ml EDTA				
<b>TYPING (any boxes can be checked, not required)</b>				<b>HLA ANTIBODY IDENTIFICATION (any boxes can be checked, not required)</b>			
<input type="checkbox"/> HLA356	HLA-A, B, DRB1 Typing for CT (low resolution)			<input type="checkbox"/> HLA311	HLA Antibody Identification/Class I		
<input type="checkbox"/> HLA378	Transplant Workup (11-loci high resolution)			<input type="checkbox"/> HLA321	HLA Antibody Identification/ Class II		
<input type="checkbox"/> HLA351	HLA-A, B, DRB1 Related Donor Screen w/reflex to HLA378			<input type="checkbox"/> HLA323	HLA Antibody Identification/ Class III		
<input type="checkbox"/> HLA478	KIR (low resolution)						
	HLA-A	<input type="checkbox"/> Low Res HLA330	<input type="checkbox"/> High Res HLA340	<b>CROSSMATCH (XM) (any boxes can be checked, not required)</b>			
	HLA-B	<input type="checkbox"/> Low Res HLA331	<input type="checkbox"/> High Res HLA341	<input type="checkbox"/> HLA468	HLA Lymphocyte Cell Crossmatch (include X samples)		
	HLA-C	<input type="checkbox"/> Low Res HLA332	<input type="checkbox"/> High Res HLA342	<input type="checkbox"/> HLA465	HLA Lymphocyte Flow Crossmatch (available Fall 2021)		
	HLA-DRB1	<input type="checkbox"/> Low Res HLA333	<input type="checkbox"/> High Res HLA343				
	HLA-DQB1	<input type="checkbox"/> Low Res HLA335	<input type="checkbox"/> High Res HLA346	<b>DISEASE ASSOCIATION / DRUG SENSITIVITY (any boxes can be checked, not required)</b>			
	HLA-DQA1		<input type="checkbox"/> High Res HLA345	<input type="checkbox"/> HLA430	HLA-B*27 Genotype for Ankylosing Spondylitis, low resolution (LR)		
	HLA-DPB1	<input type="checkbox"/> Low Res HLA336	<input type="checkbox"/> High Res HLA348	<input type="checkbox"/> HLA437	HLA-DQB1*06:02 Genotype for Narcolepsy LR/reflex to HR		
	HLA-DPA1		Not available	<input type="checkbox"/> HLA436	HLA-DQ2,8 Genotype for Celiac Disease, high resolution (HR)		
<b>TRANSFUSION SUPPORT(any boxes can be checked, not required)</b>				<input type="checkbox"/> HLA440	HLA-A*29 Genotype for Birdshot Retinopathy, low resolution		
<input type="checkbox"/> HLA012	Platelet Antibody Screen/Crossmatch			<input type="checkbox"/> HLA435	HLA-B*51 Genotype for Behcet's Disease, low resolution		
<input type="checkbox"/> HLA033	HLA-A, B low resolution type			<input type="checkbox"/> HLA433	HLA-B*57:01 for Abacavir Sensitivity LR/reflex to HR		
<input type="checkbox"/> HLA109	HLA Antibody Identification, Class I			<input type="checkbox"/> HLA432	HLA-B*15:02 for Carbamazepine Sensitivity LR/reflex to HR		
<input type="checkbox"/> HLA064	HPA-1 (PLA-1) Typing			<input type="checkbox"/> HLA434	HLA-B*58:01 for Allopurinol Sensitivity LR/reflex to HR		
<b>ENGRAFTMENT MONITORING (any boxes can be checked, not required)</b>							
SAMPLE:	<input type="checkbox"/> HLA451 Recipient PRE		<input type="checkbox"/> HLA452 Donor		DONOR ID:		
For Post samples, number Fractions requested, with (1) being highest priority:					TRANSPLANT DATE:		
POST SAMPLE TYPE	<input type="checkbox"/> HLA454 Blood <input type="checkbox"/> HLA455 T Cell (CD3) <input type="checkbox"/> HLA456 B Cell (CD19) <input type="checkbox"/> HLA457 Myeloid (CD33/66) <input type="checkbox"/> HLA459 NK (CD56)		<input type="checkbox"/> HLA454 Bone Marrow <input type="checkbox"/> HLA458 Stem Cells (CD34)		COMMENTS:		