

Thank you for your interest in HLA Disease Association testing services from Stanford Blood Center.

Please complete the following order form,  
**print a copy and send it with your sample(s) to:**

Stanford Blood Center — HLA Lab  
3373 Hillview Avenue  
Palo Alto, CA 94304

Phone: (650) 724-6742 | FAX: (650) 723-6350 | Order online: stanfordbloodcenter.org/hla

<input type="text"/>	<input type="text"/>
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Draw Date  
(mm/dd/yyyy)

Draw Time  
(XX:XX a.m./p.m.)

Phlebotomist Initials

**Patient Information**

Sex at birth (Check One)  Male  Female

Ethnicity

<input type="text"/>	<input type="text"/>	<input type="text"/>
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Patient first name:

Middle name:

Last name:



Medical record number

Date of birth

- Asian
- Black or African American
- Caucasian
- Hispanic
- Middle Eastern
- Mixed race
- Native American
- Pacific Islander
- Other (Decline to State)
- Unknown

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Patient street address

Address line 2

City

State

Zip code

Patient phone

**Ordering Physician / Lab**

Requesting entity:

<input type="text"/>	<input type="text"/>
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Ordering physician first name

Ordering physician last name

<input type="text"/>	<input type="text"/>
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Clinic/lab address

Address line 2

<input type="text"/>	<input type="text"/>	<input type="text"/>
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City

State Zip code

<input type="text"/>	<input type="text"/>	<input type="text"/>
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Department

ICD-10\*

UPIN#/NPI#

**PLEASE NOTE: SBC bills the physician/  
physician's facility. SBC does not bill  
patients or patients' insurance providers.**

<input type="text"/>	<input type="text"/>
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Ordering physician phone

Ordering physician FAX

Ordering physician email

\*ICD-10 Diagnostic Insurance Code is optional for Kaiser patients; required for all other patients.

**Transplant Category:**

- Bone Marrow Recipient
- Heart/Liver Recipient
- Heart/Lung Recipient
- Heart Recipient
- Kidney/Bone Marrow Recipient
- Kidney/Heart/Liver Recipient
- Kidney/Heart/Lung Recipient
- Kidney/Heart Recipient
- Kidney/Liver Recipient
- Kidney/Lung Recipient
- Kidney/Pancreas Recipient
- Kidney Recipient
- Liver Recipient
- Liver/Small Bowel Recipient
- Lung/Liver Recipient
- Lung Recipient
- Small Bowel Recipient

**Transplant Stage:**

- Pre  Post (number of days )
- Does this patient require a chimerism analysis?  Yes  No
- Has the patient ever been tested for chimerism?  Yes  No
- Donor ID, if available (separate multiple by comma):
- Do you need a platelet compatibility panel?  Yes  No
- Do you need an HLA antibody screen  Yes  No
- If yes, select:  IgG  C1q
- Do you need flow crossmatch?  Yes  No

**Specimen source:**

- Peripheral Blood
- Bone Marrow
- Pre-Extracted DNA
- Buccal Swab
- Other: \_\_\_\_\_

**Additional services:**

- DNA extraction and storage (must be checked if submitting buccal swab or blood for typing; charges will apply)
- Other \_\_\_\_\_

**HLA Typing Needed**

**Intermediate resolution HLA typing:**

- HLA-A  HLA-DQA1
- HLA-B  HLA-DQB1
- HLA-C  HLA-DRB1
- HLA-DRB3/4/5
- HLA-DPA1
- HLA-DPB1
- HLA Class I (HLA-A, HLA-B, HLA-C)
- HLA Class II (HLA-DQA1, HLA-DQB1, HLA-DRB1, HLA-DRB3/4/5, HLA-DPA1, HLA-DPB1)

**High resolution NGS typing:**

- High resolution package (HLA-A, HLA-B, HLA-C, HLA-DQA1, HLA-DQB1, HLA-DRB1, HLA-DRB3/4/5, HLA-DPA1, HLA-DPB1)

Additional comments or considerations: