STANFORD BLOOD CENTER

HLA DISEASE ASSOCIATION TESTING ORDER FORM

Thank you for your interest in HLA Disease Assoociation 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

Draw Date (mm/dd/yyyy)

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

Phlebotomist Initials:

Is this a STAT order? ○ Yes ○ No

Patient Information

Sex at birth (Check One) ○ Male ○ Female

Patient last name:

First name:

Middle name:

Medical record number

Date of birth

Ethnicity

○ Asian
○ Black or African American
○ Caucasian
○ Hispanic
○ Middle Eastern

○ Mixed race
○ Native American
○ Pacific Islander
○ Other (Decline to State)
○ Unknown

Ordering Physician / Lab

Requesting entity:

Ordering physician first name

Ordering physician last name

Clinic/lab address

Address line 2

City

State   Zip code

Department

ICD-10*

UPIN#/NPI#

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

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

(   )   —
Ordering physician phone

(   )   —
Ordering physician FAX

Ordering physician email

Where should we send results (if different from above)?:

Name

FAX number

Please make your selection(s) from EITHER Column A OR Column B

COLUMN A:
Tests / Services Requested (select all that apply)

☐ Abacavir Hypersensitivity (HLA-B*57:01)

☐ Allopurinol Hypersensitivity (HLA-B*58:01)

☐ Spondyloarthropathies (Ankylosing Spondylitis, Reactive Arthritis, Juvenile Arthritis) (HLA-B27)

☐ Eye Disease HLA Association:
   Acute Anterior Uveitis HLA-B27,
   Behçet's Disease HLA-B51,
   Birdshot chorioretinopathy HLA-A29

☐ Carbamazepine Hypersensitivity (HLA-B*15:02, HLA-A*31:01)

☐ Celiac Disease (DQ2, DQ8, DQA1 and DQB1 associated alleles)

☐ Narcolepsy (HLA-DQB1*06:02, DQA1*01:02)

☐ Pediatric Acute-onset Neuropsychiatric Syndrome (PANS)(HLA-B alleles)

☐ Psoriasis (HLA-B27, HLA-Cw6)

COLUMN B:
HLA Custom Typing Needed

Intermediate resolution HLA typing:

☐ HLA-A
☐ HLA-B
☐ HLA-C
☐ HLA-DQA1
☐ HLA-DQB1
☐ 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 (entire panel required):

☐ 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

Please include specific alleles, purpose for the test, etc. (e.g., "to confirm…," "to rule out…,"):

Specimen source:

○ Peripheral Blood
   One Yellow Top (ACD) tube required
   (Pediatric: 3ml)

○ Pre-Extracted DNA

○ Buccal Swab

○ Specimen in lab

Version date: 08/30/23