

Thank you for your interest in HLA transplant testing services with Stanford Blood Center.

Please complete the following order form, Stanford Blood Center — HLA Lab
print a copy and send it with your sample(s) to: 3373 Hillview Avenue
Palo Alto, CA 94304

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

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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

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Patient first name: Middle name: Last name:

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Medical record number Date of birth

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Patient street address Address line 2 City State Zip code Patient phone

- 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: []

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Ordering physician first name Ordering physician last name

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Clinic/lab address Address line 2

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City State Zip code

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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.

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Ordering physician phone Ordering physician FAX

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Ordering physician email

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

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Attn (Name) FAX

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:

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