

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"/> |
| Draw Date (mm/dd/yyyy) | Draw Time (XX:XX a.m./p.m.) |
| Phlebotomist Initials | <input type="text"/> |

Patient Information

Sex at birth (Check One) Male Female

Ethnicity

| | | |
|-----------------------|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Patient first name: | Middle name: | Last name: |
| <input type="text"/> | <input type="text"/> | <input type="text"/> |
| 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

Ordering Physician / Lab

Requesting entity:

| | |
|-------------------------------|------------------------------|
| <input type="text"/> | <input type="text"/> |
| Ordering physician first name | Ordering physician last name |
| <input type="text"/> | <input type="text"/> |
| Clinic/lab address | Address line 2 |
| <input type="text"/> | <input type="text"/> |
| City | State Zip code |
| <input type="text"/> | <input type="text"/> |
| 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"/> |
| Ordering physician phone | Ordering physician FAX |
| <input type="text"/> | |
| Ordering physician email | |

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

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)

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:

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

Additional services:

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

Specimen source:

- Peripheral Blood One Yellow Top (ACD) tube required (Pediatric: 3ml)
- Pre-Extracted DNA
- Buccal Swab
- Specimen in lab

What is the interest in or purpose for the test? (e.g., "to confirm...", "to rule out...", etc.)

Additional comments or considerations: