

Name: _____
 Address: _____
 City: _____ State: _____ Zip Code: _____
 Phone: _____

FORM# 0000-10000

GCL BONE MARROW TRANSPLANTATION

PATIENT INFORMATION (YELLOW AREAS MUST BE FILLED IN)

PATIENT LAST NAME		FIRST NAME		MI	PATIENT ID	DATE OF BIRTH	SEX	FASTING
							M F	YES NO
MAILING ADDRESS				ORDERING PHYSICIAN (FULL NAME)		COMMENTS OR ADDITIONAL COPY OF REPORT T		
CITY	STATE	ZIP	PATIENT PHONE					
SOCIAL SECURITY #			DATE		TIME		COLLECTED	
PATIENT ONLY			COLLECTED		COLLECTED		AM PM BY	

WHEN MEDICARE PAYMENT WILL BE SOUGHT, ONLY TESTS WHICH ARE MEDICALLY NECESSARY SHOULD BE ORDERED.

B PHYSICIAN/PROVIDER PATIENT RESPONSIBLE PARTY (ONLY IF PATIENT IS A MINOR)

I **SEE ATTACHED COPY OF CARD**

L MEDICARE MEDICAID (NON SALUD)

L PHP BCBS SALUD (Indicate Plan) OTHER _____

T INSURANCE ADDRESS: _____

O MEMBER # ON INSURANCE CARD: _____ PLAN NAME: _____ MEMBER ID NUMBER: _____

GROUP NUMBER: _____ EMPLOYER OF PRIMARY CARDHOLDER: _____

CALL Phone () **STAT** Specify STAT TESTS: **Note:** Only critical values will be called

SPECIMEN REQUIREMENTS: 5-10 ml whole blood with normal WBC in ACD or EDTA tubes. Send more for low WBC count

HEMATOPOIETIC STEM CELL (HSC) TRANSPLANTATION

High Resolution HLA Typing: for recipient

HLAHRT Class I ABC Class II DRDQ

Low Resolution HLA Typing: for potential donor(s)

HLAIRT Class I ABC Class II DRDQ

Recipient?: _____

Relationship?: _____

Initial Engraftment testing

Include pre-txp recip DNA and donor DNA with post-txp recip sample(s).

Engraftment testing

Post-txp recip sample(s) only.

Disease: _____

Donor/Relationship: _____

Transplant date: _____

Specimen type: _____

Other: _____

HUMAN LEUKOCYTE ANTIGEN (HLA) TESTING

HLA Disease Association

- HLAB27 Ankylosing Spondylitis
- HLACEL Celiac Disease
- HLANAR Narcolepsy

HLA pharmacogenomics

- B5701 Abacavir Hypersensitivit

HLA Low Resolution Typing by Single locus

- HLAA
- HLAB
- HLAC
- HLADR
- HLADQ

HLA Low Resolution Typing by locus Combination

- HLAAB (Class I AB)
- HLBDR (Class I B Class II DR)
- HLABDR (Class I AB Class II DR)
- HLAABC (Class I ABC)
- HLDRDQ (Class II DRDQ)

HLA High Resolution Typing by Single locus

- HRTA
- HRTB
- HRTC
- HRTDR
- HRTDQ

For more information call the HLA lab at 505-938-8406

SHIPPING INFORMATION

Reports to be sent to:

Name: _____
 Institution: _____
 Address: _____
 City: _____ State: _____ Zip: _____
 Phone Number _____ Fax: _____

Date Shipped: _____

Send Specimens To:
 TriCore Reference Laboratories
 HLA and Molecular Diagnostics
 1001 Woodward Place NE
 Albuquerque, New Mexico 87102