

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

Contact Person: _____
 Phone/Pager: _____
 Program: _____
 #945 Pres Renal
 #947 University Hospital Renal
 #948 New Mexico Donor Service

Phone: _____ SEND STAT

10/5/2015
 GCL HLA RENAL

FORM# 0000-7000

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 # PATIENT ONLY				DATE COLLECTED	TIME COLLECTED	COLLECTED BY		

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

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

SEE ATTACHED COPY OF CARD

MEDICARE MEDICAID (NON SALUD)

PHP BCBS SALUD (Indicate Plan) OTHER _____

INSURANCE ADDRESS: _____

PLAN NAME: _____ MEMBER ID NUMBER: _____

GROUP NUMBER: _____ EMPLOYER OF PRIMARY CARDHOLDER: _____

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

Known Sensitizing Events: _____ **Diagnosis:** ESRD Other _____

Blood Transfusion(s) No Yes Date/Unit _____
 Prior Transplant(s) No Yes Date/Type _____
 Pregnancy No Yes Year/Number _____
 Medications No Yes Year/Number _____
 Vaccinations No Yes Year/Number _____
 Other _____ Date/Type _____

Transplant Information: Recipient Donor for recipient (name): _____ Relationship: _____

Ethnic Origin Hispanic Caucasian Native American Asian American African American Other _____

TEST ORDERED	SPECIMEN REQUIREMENT	TEST CODE
<input type="checkbox"/> HLA Typing Class I ABC	20ml ACD yellow	HLA1
<input type="checkbox"/> HLA Typing Class II, DR, DQ	20ml ACD yellow	HLA2
<input type="checkbox"/> HLA Typing Class I, II ABDR	20ml ACD yellow	HLATYP
<input type="checkbox"/> HLA Antibody Workup PRE-TRANSPLANT	10 ml clot (plain red)	HLAPRE
<input type="checkbox"/> HLA Antibody Workup POST-TRANSPLANT	10 ml clot (plain red)	HLAPTX
Flow Crossmatch <input type="checkbox"/> Prelim <input type="checkbox"/> Final (pretxp only)		
<input type="checkbox"/> Recipient	7 ml clot (plain red)	HLAFLR
<input type="checkbox"/> Donor	20ml ACD yellow	HLAFLD
Deceased Donor HLA		
<input type="checkbox"/> HLA Typing Class I, II	20ml ACD yellow	HLACAD
<input type="checkbox"/> Preliminary Crossmatches	60ml ACD yellow	HLAPXC
Auto Crossmatch	7ml clot (plain red) and 20ml ACD yellow	HLAAUT
<input type="checkbox"/> Other		