

Requisition Form: Pleximmune™

Patient Name:

Date of Birth:

Gender: Male Female

Insurance Details:

Carrier:

Plan Name:

Member ID#:

Group ID#:

Additional Comments, if any:

Sample Collection Date:

Time:

AM PM

Timing of sample: Pre-transplant Post-transplant

Sample Volume: 3-5 ml Other

(Samples less than 3 ml may be discarded because results may be inaccurate).

Type of Transplant: Liver Intestine Liver and other organ Liver and Intestine

Sample Container: Sodium Heparin (green top)

Shipping Conditions: Ambient Temperature

Shipping time (from phlebotomy to delivery) <30 hours >30 hours

Patient HLA: HLA-A: HLA-B: HLA-DR:

Donor HLA: HLA-A: HLA-B: HLA-DR:

(Samples without accompanying HLA information for patient and donor will not be tested).

Physician Ordering Test:

NPI #:

Facility:

Ship to: **Plexision**

4424 Penn Avenue, Suite 202, Medical Building

Pittsburgh, PA 15224

Phone: 1(855)-753-9474 or 1(855)-PLEXISION; Fax: 412-224-2776