Seattle Children's HOSPITAL · RESEARCH · FOUNDATION

Fred Hutch Cancer Center

FHCC CIL/HLA Requisition

Patient's Last Name	First	Middle	Birth Date	Legal Sex	Gender Identity

Children's MRN	Accession/Instrument ID	Send Report To
Ordering Provider	Provider's NPI	Address
Provider's Pager Number	Diagnosis/ICD Code	Phone/Fax

REQUIRED SPECIMEN INFORMATION:

DATE COLLECTED: ____/____/_____

TIME COLLECTED: _____:_____ AM / PM

☐ Peripheral Blood ☐ Hair Follicles

☐ Bone Marrow ☐ Other (Specify): _____

PATIENT STATUS AT DATE/TIME OF COLLECION: ☐ SCH Inpatient ☐ SCH Outpatient

FHCC CIL / HLA LABORATORY

Collect 10.0 mL Whole Blood in Dark Green/Sodium Heparin (Min. 3.0 mL Whole Blood).

☐ Cell Sorting for Chimerism (Cells to be Sorted)

- ☐ CD3 ☐ CD33 ☐ CD56 ☐ CD19 ☐ CD14 ☐ Other: _____

☐ Chimerism Without Cell Sorting

☐ Chimerism Baseline Specimen

- ☐ Patient Baseline ☐ Donor Baseline

☐ Maternal Engraftment Testing

- ☐ Patient Baseline (Buccal Swabs)
- ☐ Maternal Baseline (Collect 10.0 mL Whole Blood in Dark Green/Sodium Heparin)
- ☐ Patient whole blood specimen for Maternal Engraftment testing (Collect 3.0 mL Whole Blood in Dark Green/Sodium Heparin [Min. 1.0 mL]).

☐ Confirm Identical Twin

- ☐ Patient whole blood specimen or buccal swabs.
- ☐ Twin's specimen: saliva, buccal swabs, or whole blood.

Ship specimen(s) to:

FHCC CIL/HLA Laboratory

188 E. Blaine St., Suite 250

Seattle, WA 98102

(206) 606-1139

Comments: