

**HLA / Immunogenetics Laboratory**

921 Terry Ave. | Seattle, WA 98104

Phone 206-689-6580 | Fax 206-689-6582

Laboratory Staffed for Questions 7:00am-5:00pm Monday-Friday

For current test descriptions and CPT codes visit <https://www.bloodworksnw.org/labs/tests>

TIME RECEIVED

**ROUTINE Tests**

**Solid Organ Transplant**

**HLA for other purposes**

- 3088-00  Lymphocyte Crossmatch
- 3084-06  HLA Class I + II (A, B, C, DR, DQ) Typing
- 3081-08  Import Deceased Donor Typing
- 3915-30  HLA-DQA1 Typing
- 3915-21  HLA-DPB1 / DPA1 Typing
- 3083-06  HLA Antibody Detection (unless checked here  a positive result will reflex to HLA Antibody Specificity)
- 3083-16  HLA Antibody Specificity
- 3083-17  HLA Antibody- Monitoring DSA
- 3083-23  HLA Antibody- Monitoring DSA **Protocol**
- 3083-20  Complement fixing HLA Antibody Specificity (C1q)
- 3083-21  Complement fixing HLA Antibody Monitoring DSA (C1q)
- 3083-19  MICA Antibody
- 3085-00  Specimen Processing/Storage - Serum
- 3085-01  Specimen Processing/Storage - Lymphocytes

- 3630-00  Platelet Alloantibody Workup (Refractory to Platelet Transfusions)
- 3084-00  HLA Class I (A, B, C) Typing
- 3084-01  HLA Class II (DR, DQ) Typing
- 3915-07  HLA-A\*02 Typing
- 3082-01  HLA-A\*29 Typing (Birdshot Retinopathy association)
- 3082-05  HLA-B\*15:02 (B75) Typing
- 3082-00  HLA-B\*27 Typing (Ankylosing Spondylitis, other arthropathies)
- 3082-02  HLA-B\*51 Typing (Behcet's Disease association)
- 3082-03  HLA-B\*57:01 Typing (Abacavir hypersensitivity)
- 3082-04  HLA-B\*58:01 Typing
- 3915-31  HLA-DQB1\*06:02 Typing (Narcolepsy association)
- 3082-07  HLA-DQ2/DQ8/DQA1\*05 Typing (Celiac association)
- Other \_\_\_\_\_

**STAT Tests** Performed 24/7

- 3083-18  HLA Antibody Monitoring DSA– **STAT\***
- 3088-02  Lymphocyte Crossmatch– **STAT\***

\*These tests have a fast turn around and are **REQUIRED** to have the following information provided for reporting

Report verbal test results to: \_\_\_\_\_ at phone # \_\_\_\_\_

NOTE: Information in **BOLD** must be completed.

**COLLECTION DATE:** \_\_\_\_/\_\_\_\_/\_\_\_\_ Time \_\_\_\_  am  pm

**\*For ABO tests as part of an initial organ transplant workup:**

A collection date must be on the sample tubes; date of service is not an acceptable substitute

Specimen/Accession No: \_\_\_\_\_

ICD10/Diagnosis/Purpose of Testing \_\_\_\_\_

**SPECIMEN IDENTIFICATION** (Name on Sample)

LAST	FIRST	MI
Hospital Identification Number		
Hospital / Institution		
Social Security Number	Sex (M/F)	Date of Birth (mm/dd/yy)

**PHYSICIAN or AUTHORIZED PERSON ORDERING TEST:**

First \_\_\_\_\_ Last \_\_\_\_\_

Contact Person: \_\_\_\_\_ Phone \_\_\_\_\_

**SEND REPORT TO:**

**Name / Institution:** \_\_\_\_\_

**Fax Number:** \_\_\_\_\_

Street \_\_\_\_\_

City, State, Zip \_\_\_\_\_

**Bill To:** (BWNW bills to institutions, not to 3rd party payers)

Institution: \_\_\_\_\_

Street: \_\_\_\_\_

City, State, Zip \_\_\_\_\_

If the sample is from an individual other than the affected patient:

Patient Name: \_\_\_\_\_

Relationship to Patient \_\_\_\_\_

Comments \_\_\_\_\_

Additional Specimen and Test Requirements for current test descriptions and CPT codes visit <https://www.bloodworksnw.org>

- For solid organ transplant tests: Contact transplant coordinators at your center for drawing and sample requirements.
- For HLA Typing for all other indications: Draw one 7-10cc ACD (yellow top) or EDTA (lavender top) tube.

All samples must be properly labeled and the information must agree with the identification on the request for testing. A specimen identified by a name must also provide a numeric identifier which may include hospital number, SSN, or other coded identifier. **\*A collection date is required to be on the sample tubes or the request for testing form.** All samples must be sent to Bloodworks Northwest in a sealed, leak proof container marked with a biohazard sticker to comply with OSHA safety standards. **Ship at ambient temperatures.**