

## HISTOCOMPATIBILITY TEST REQUEST

See attached information regarding HLA testing order, specimen requirements, methodologies, address, contacts, etc.

**SEPARATE FORM MUST BE USED FOR EACH INDIVIDUAL**

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**PATIENT:** Last Name \_\_\_\_\_ First Name \_\_\_\_\_

**Consent obtained for DNA based testing (for hospital use only)**

For Lab use only

Diagnosis: \_\_\_\_\_ DOB: \_\_\_\_\_ Gender: \_\_\_\_\_ Race/Ethnicity: \_\_\_\_\_

Hospital: \_\_\_\_\_

Physician: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Date of sample collection: \_\_\_\_/\_\_\_\_/\_\_\_\_

Date of last transfusion: \_\_\_\_/\_\_\_\_/\_\_\_\_

Indicate any additional information that may affect the HLA test results: \_\_\_\_\_

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### POTENTIAL DONOR:

Relationship \_\_\_\_\_

Last Name \_\_\_\_\_

First Name \_\_\_\_\_

**Consent obtained for DNA based testing (for hospital use only)**

For Lab use only

Hospital: \_\_\_\_\_

Physician: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Date of sample collection: \_\_\_\_/\_\_\_\_/\_\_\_\_

Race/Ethnicity: \_\_\_\_\_

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## HISTOCOMPATIBILITY TEST REQUEST

### PLEASE CHECK TESTS TO BE PERFORMED

#### MOLECULAR (DNA) TYPING

##### Low/Intermediate Resolution Typing:

- HLA-A     HLA-B     HLA-C     HLA-DRB1

##### High Resolution Typing:

- HLA-A     HLA-B     HLA-C     HLA-DRB1     HLA-DQB1     HLA-DPB1

##### Platelet Transfusion:

- HLA-A, and -B Low/Intermediate Resolution Typing

##### Panels for Transplant Workup:

- Patient (HLA-A, -B, -C, -DRB1 and -DQB1 High Resolution Typing)  
 HLA-DPB1 High Resolution Typing
- Related Donor (HLA-A, and -B Low/Intermediate Resolution Typing)  
 If initial typing matches perform High Resolution Typing for HLA Class I (HLA-A, -B and -C) and HLA Class II (HLA-DRB1 and -DQB1)  
 HLA-DPB1 High Resolution Typing
- Unrelated Donor (HLA-A, -B and -C Low/Intermediate Resolution Typing)  
 If initial typing matches perform High Resolution Typing for HLA Class I (HLA-A, -B and -C) and HLA Class II (HLA-DRB1 and -DQB1)  
 HLA-DPB1 High Resolution Typing
- Verification Typing (HLA-A, -B and -C **Low/Intermediate Resolution** and HLA-DRB1 High Resolution)
- Verification Typing (HLA-A, -B, -C and -DRB1 **High Resolution**)
- OTHER: \_\_\_\_\_
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##### Turnaround Time:

- Routine (5-10 days)
- STAT (Results required no later than)    Date: \_\_\_\_\_

## HISTOCOMPATIBILITY TEST REQUEST

### MOLECULAR (DNA) HLA TYPING GUIDELINES

| HLA TESTS                   |   | METHODOLOGIES  | SPECIMEN REQUIREMENTS  |
|-----------------------------|---|--|--|
| HIGH RESOLUTION             | <b>HLA – A</b><br><b>HLA – B</b><br><b>HLA – C</b><br><b>HLA – DRB1</b><br><b>HLA – DQB1</b><br><b>HLA – DPB1</b> | Sequence Based Typing ( <b>SBT</b> )<br><br>Sequence Specific Primers( <b>SSP</b> )                              | <b>Whole Blood:</b> 3 to 5ml in EDTA or ACD (avoid Heparin)<br>Ship in ambient temperature<br><br><b>Buccal Swab:</b> a minimal of 5 swabs<br>Ship in ambient temperature  |
| LOW-INTERMEDIATE RESOLUTION | <b>HLA – A</b><br><b>HLA – B</b><br><b>HLA – C</b><br><b>HLA – DRB1</b><br><b>HLA – DQB1</b>                      | Sequence Specific Oligonucleotide ( <b>rSSO</b> ) (Luminex based)<br><br>Sequence Specific Primers( <b>SSP</b> ) | <b>Genomic DNA:</b> minimum of 20µg<br>Ship in ambient temperature<br><br><b>Cord Blood unit contiguous segment:</b><br>Must be shipped on dry ice<br><br><b>Frozen Cells:</b><br>Must be shipped on dry ice<br><br><b>*Each specimen container must be individually labeled</b> |

#### Buccal Swab Collection

- Make sure the individual providing the sample has not consumed any food or drink in the last 30 minutes prior to sample collection
- Use a minimum of 2 to 3 swabs per cheek (**DO NOT** touch the swabs to any surface prior to collection)
- Rub the swab against the inside of each cheek at least 6 times (avoid collecting saliva)
- Place the swabs into a sterile tube(s) containing 2 to 3ml of sterile saline solution and seal to prevent leakage
- Label each tube(s) with individual's name and/or identification number of the sample and collection date

## HISTOCOMPATIBILITY TEST REQUEST

### Histocompatibility (HLA) tests and additional services provided:

- The Fred H. Allen Laboratory of Immunogenetics is certified by Clinical Laboratory Improvement Amendments (CLIA) and New York State Department of Health (NYSDOH) and accredited for Histocompatibility testing by the American Society for Histocompatibility and Immunogenetics (ASHI)
- The Fred H. Allen Laboratory of Immunogenetics employs DNA based methodologies for the detection of Human Leukocyte Antigens (HLA). These include determination of allele assignments by Sequence Based Typing (SBT), reverse Sequence Specific Oligonucleotide (rSSO) and Sequence Specific Primers (SSP)
- The Fred H. Allen Laboratory of Immunogenetics has the qualification to perform HLA testing for the following:
  - Transplantation
  - Family and unrelated donors screening for transplant matches
  - Patient and potential transfusion donors screening for platelet matches
  - Cord Blood HLA typing
  - Verification of HLA typing for patient, donors and cord blood unit contiguous segment
  - Disease association
  - Vaccine studies
  - Clinical trials
- The Fred H. Allen Laboratory of Immunogenetics provides consultation in:
  - Human Immunogenetics, Histocompatibility and/or transplantation immunology
  - The appropriateness of the testing orders to meet the clinical need and interpretation of test results

### ■ Send specimens to the following address:

**New York Blood Center  
Fred H. Allen Laboratory of Immunogenetics  
45-01 Vernon Blvd.  
Long Island City, NY 11101  
Phone: 718-752-4717 Fax: 718-707-3770**

### ■ Key Contacts:

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