



If collection facility has generated labels, please affix a specimen label to the requisition form here.

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CIL Outside Sample Requisition F1095.9
Effective Date: 1/22/2010

REQUISITION FOR HLA TESTING (F1095)

1. All specimen tubes and the accompanying requisition form must be labeled with a name and a date of birth.
2. A requisition is required to accompany each individual's sample.
3. Note: Specimens and/or requisition forms that are not labeled with a name and a second unique identifier (e.g. date of birth) will not be processed.
4. If collection facility has generated labels, please affix a specimen label to the requisition form in the space indicated above.

Person from whom sample is being collected:

(Full Name Required)

Last: _____ First: _____ Middle: _____ Suffix: _____

Date of Birth: _____ Gender: M ___ F ___ Collection Date: _____

Home/Cell Phone: (optional) _____ Work phone: (optional) _____

Relationship to potential recipient (circle):

Recipient (Self) Sibling Half-Sibling Child Father Mother Other _____

Legal guardian (required if sample is collected from a minor)

Name: _____ Relationship _____

Potential Transplant Recipient:

Last: _____ First: _____ Middle: _____ Suffix: _____

Diagnosis: _____

Referring Provider: _____

Provider MD Phone: _____ Provider Organization _____

*I have verified the above person's identification. I have also labeled **each blood tube or buccal swab** with this person's full name, date of birth, and collection date.*

Phlebotomist/Nurse (Signature)

Phlebotomist/Nurse (Printed)

Name of Organization (where specimen was collected) _____

Phone Number: _____

City: _____ State: _____