

Blood Collection & Shipping Instructions

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.

Contact CIL (206-606-7700/CILLABCO@seattlecca.org) before sample collection or with any questions.

Labeling Instructions: Each tube must be clearly labeled with the following information:

- Full name
- Date of Birth
- Draw Date

Name: Sarah A. Smith
Date of Birth: 8-8-1980
Collection Date: 8-25-2009 **EXAMPLE**

Requisition Requirements: Please complete a requisition form (**Requisition For HLA Testing F1095**) for each individual's samples collected and send a requisition form with the samples.

Name of person being drawn: _____

Relationship to potential transplant recipient:

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

Name of potential transplant recipient _____

Reason for sample collection:

Potential Transplant Recipient Haplotype Confirmation Potential Donor

Sample Requirements (Please collect both heparinized blood and clot tube)

_____ mLs sodium heparinized blood (usually green top tubes)

_____ mLs of clotted blood (usually red top tubes)

If sodium heparin blood collection tubes are unavailable lithium heparin or ACD solution A can be used. Please contact the laboratory at 206-606-7700 for further instruction.

Packaging: Specimens should be sent to the CIL in a manner that insures the sample container will not be broken and in accordance with federal, state, and local guidelines on handling of potentially infectious materials (e.g. Universal Precautions for handling bodily fluids).

Shipping Instructions: Ship samples at room temperature to arrive in our laboratory within 24 hours after draw.

***Please contact our office prior to shipping the samples.** We accept samples Monday through Thursday between 8:30 a.m. & 5:00 p.m. Friday samples must be received before 2:30 p.m. Our lab is closed on weekends and holidays.

SHIP TO:

Seattle Cancer Care Alliance
Attn: CIL/HLA Room 2120
188 E. Blaine, St., Suite 250
Seattle, WA 98109-1023

CONTACT INFORMATION:

Email: CILLABCO@seattlecca.org
Phone: 206-606-7700
Fax: 206-606-1169

Payment Responsibility: Seattle Cancer Care Alliance does not pay for drawing and shipping of blood specimens. These costs are the responsibility of the patient or family member from whom blood is being drawn.

Comments: _____