



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

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CIL Outside Sample Requisition F1095.15
Effective Date: 11/9/15

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 Legal Name Required)

Last: First: Middle: Suffix:

Date of Birth: Gender: M F MRN:

Contact Phone: Email:

Relationship to potential transplant 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:

Recipients Date of Birth: Diagnosis: ICD-10

Referring Provider: Provider MD Phone:

Provider Facility: Provider Address:

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

Collection date: Collection time:

Name of Facility (where specimen was collected):

Source of Specimen: Blood Buccal Saliva Phone Number:

City: State:

Phlebotomist/Nurse (Signature)

Phlebotomist/Nurse (Printed)