

IMMUNOGENETICS / HLA LABORATORY

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

921 Terry Ave, Seattle WA 98104 Phone: (206) 689-6580 Fax (206) 689-6582 Website: <https://www.bloodworksnw.org>

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

PHYSICIAN or AUTHORIZED PERSON ORDERING TEST:

Specimen/Accession No: _____

First _____ Last _____

ICD10/Diagnosis/Purpose of Testing _____

Contact Person: _____ Phone _____

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)

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 draw date must be on the sample and/or request for testing form to be acceptable. 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.**