



HISTOCOMPATIBILITY LABORATORY
 1441 NORTH BECKLEY AVE.
 DALLAS, TX 75203-1201
 (214) 947-3540 FAX (214) 947-3549

ALL SPECIMENS **MUST BE** LABELED WITH PATIENT NAME, SOCIAL SECURITY NUMBER OR DATE OF BIRTH, DATE AND TIME OF COLLECTION, AND INITIALS OF PHLEBOTOMIST.

IMPROPERLY LABELED SPECIMENS WILL BE DISCARDED

RECIPIENT INFORMATION: (THIS SECTION MUST ALWAYS BE COMPLETE)

_____ Recipient Name: Last, First MI	_____ Social Security Number	_____ Date Of Birth
_____ Dialysis Center / Unit	_____ Requesting Physician	
Date of Last Blood Transfusion _____	Number of Units _____	

TEST / PROCEDURE REQUESTED

- ____ Recipient work-up (includes HLA type, PRA, ABO&Rh, Indirect Coombs)
 - 4 yellow top tubes, 1 red top tube, and 1 purple/pink top tube
- ____ Recipient autocrossmatch for **preliminary** or **final** (circle one) crossmatch
 - 2 yellow top tubes and 1 red top (if not requested at the same time as recipient work-up)
- ____ Confirmatory ABO
 - 1 purple top tube
- ____ Living donor work-up (includes **preliminary** crossmatch, HLA type, ABO&Rh)
 - 4 yellow top tubes and 1 purple/pink top tubes
- ____ Living donor **final** crossmatch and confirmatory ABO
 - 4 yellow top tubes, 1 purple top tube
- ____ PRA (used to determine HLA Antibody status)
 - 1 red top tube
- ____ Other (Specify test and tubes drawn) : _____

DONOR INFORMATION: (complete only if blood is drawn from Donor)

_____ Donor Name: Last, First MI	_____ Social Security Number	_____ Date of Birth
-------------------------------------	---------------------------------	------------------------

Address (Street / Apt , City, State, Zip Code, Country)

(____) _____ Telephone #	_____ Relationship to Recipient	_____ Race	_____ Sex	_____ Marital Status
-----------------------------	---	---------------	--------------	-------------------------

SPECIMEN LABELING INFORMATION:

SPECIMEN DRAWN BY: _____ DATE: _____ TIME: _____

SPECIMEN ACCEPTED INTO HLA LAB BY : _____ DATE: _____ TIME: _____