

HLA / Immunogenetics Laboratory

921 Terry Ave. | Seattle, WA 98104

Phone 206-689-6580 | Fax 206-689-6582

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

For current test descriptions and CPT codes visit <https://www.bloodworksnw.org/labs/tests>

TIME RECEIVED

Solid Organ Transplant		ROUTINE Tests		HLA for other purposes	
3088-00	<input type="checkbox"/> Lymphocyte Crossmatch	3630-00	<input type="checkbox"/> Platelet Alloantibody Workup (Refractory to Platelet Transfusions)		
3084-06	<input type="checkbox"/> HLA Class I + II (A, B, C, DR, DQ, DP) Typing	3084-00	<input type="checkbox"/> HLA Class I (A, B, C) Typing		
3081-08	<input type="checkbox"/> Import Deceased Donor Typing	3084-01	<input type="checkbox"/> HLA Class II (DR, DQ) Typing		
3915-21	<input type="checkbox"/> HLA-DPB1 / DPA1 Typing	3915-07	<input type="checkbox"/> HLA-A*02 Typing		
		3082-01	<input type="checkbox"/> HLA-A*29 Typing (Birdshot Retinopathy association)		
3083-06	<input type="checkbox"/> HLA Antibody Detection (unless checked here <input type="checkbox"/> a positive result will reflex to HLA Antibody Specificity)	3082-05	<input type="checkbox"/> HLA-B*15:02 (B75) Typing		
3083-16	<input type="checkbox"/> HLA Antibody Specificity	3082-00	<input type="checkbox"/> HLA-B*27 Typing (Ankylosing Spondylitis, other arthropathies)		
3083-17	<input type="checkbox"/> HLA Antibody- Monitoring DSA	3082-02	<input type="checkbox"/> HLA-B*51 Typing (Behcet's Disease association)		
3083-23	<input type="checkbox"/> HLA Antibody- Monitoring DSA Protocol	3082-03	<input type="checkbox"/> HLA-B*57:01 Typing (Abacavir hypersensitivity)		
3083-20	<input type="checkbox"/> Complement fixing HLA Antibody Specificity (C1q)	3082-04	<input type="checkbox"/> HLA-B*58:01 Typing		
3083-21	<input type="checkbox"/> Complement fixing HLA Antibody Monitoring DSA (C1q)	3915-31	<input type="checkbox"/> HLA-DQB1*06:02 Typing (Narcolepsy association)		
3083-19	<input type="checkbox"/> MICA Antibody	3082-07	<input type="checkbox"/> HLA-DQ2/DQ8/DQA1*05 Typing (Celiac association)		
			<input type="checkbox"/> Other _____		
3085-00	<input type="checkbox"/> Specimen Processing/Storage - Serum				
3085-01	<input type="checkbox"/> Specimen Processing/Storage - Lymphocytes				

STAT Tests - Performed 24/7

3083-18 <input type="checkbox"/> HLA Antibody Monitoring DSA- STAT	3088-02 <input type="checkbox"/> Lymphocyte Crossmatch- STAT
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STAT tests have a fast turn-around time which includes a verbal result. HLA lab requires the ordering institution to notify HLA @ (206) 817-7730. Additionally, the below information MUST be provided for reporting results. If this information is not filled out the HLA lab reserves the right to perform the test as routine.

Report verbal test results to: _____ at phone # _____

NOTE: Information in **BOLD** must be completed.

COLLECTION DATE: ___/___/___ Time _____ am pm

***For ABO tests as part of an initial organ transplant workup:**

A collection date must be on the sample tubes; date of service is not an acceptable substitute

Specimen/Accession No: _____

ICD10/Diagnosis/Purpose of Testing _____

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)

If the sample is from an individual other than the affected patient:

Patient Name: _____

Relationship to Patient _____

PHYSICIAN or AUTHORIZED PERSON ORDERING TEST:

First _____ Last _____

Contact Person: _____ Phone _____

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 _____

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 collection date is required to be on the sample tubes or the request for testing form. 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.**