

Laboratory Requisition – Histocompatibility

Gray fields indicate required information to prevent delay or rejection of sample.

Authorized requestor's information:

Ordering clinician/practitioner _____
 PRN (Physician registration #) _____
 Address _____
 Telephone (for critical results) (_____) - _____

Copy to clinician/practitioner name _____

PRN _____ **Location** _____

Priority: Routine Urgent (see reverse)

Fasting? No Yes – number of hours: _____ (see reverse)

Standing order request – indicate test and frequency: _____

Authorized requestor's signature _____

Date signed _____ (requisition expires one year from this date)

Instructions to patients (see reverse)

Multi-organ transplant program (MOTP)

Recipient clinical information

KPD# _____ CTR# _____

Waitlist organ: _____

Kidney Pancreas Kidney-pancreas Liver Heart Lung

Sensitization history: # of transfusions _____ # of pregnancies _____

Date of last _____

Previous transplants: No Yes, date of last _____

Immunosuppressive therapy: None ATG IVIG Rituximab

PLEX Other _____

Donor information

Live donor: KPD# _____

Recipient name _____

Recipient HCN _____

Relationship to recipient _____

Deceased donor: CCOD donor ID# _____ CTR# _____

Tissue bank donor: TB# _____

Testing required

HLA typing: 2 x 4 ml EDTA (lavender top)

HLA antibody testing: 1 x 6 ml serum (plain red top)

Initial workup Activation Monthly Other _____

Pre/post: Transplant Transfusion

Pre 2 wk post 3 wk post 3 month post Other _____

Live donor HLA crossmatch (by appointment only):

Recipient: 1 x 6 ml serum (plain red top) and 4 x 6 ml ACD (yellow top)

Donor: 4 x 6 ml ACD (yellow top)

Initial Final Auto

Deceased donor HLA typing and crossmatch:

2 x 4 ml EDTA (lavender top) and 8 x 6 ml ACD (yellow top)

Time stamp (for lab use only): _____

Patient's information:

Name _____ Last _____ First _____ Middle _____

Full address _____ Street _____

City/Town _____ Province _____ Postal code _____

HCN (Health card #) _____

Health card province _____ Expiry date _____ YYYY / MM / DD

Unique identifier # _____ (if HCN is not available) Type _____ (see reverse)

Date of birth _____ YYYY / MM / DD Male Female

Telephone (_____) - _____ (12 hours from collection)

Third party billing: Workers' Compensation Board (WCB)

Research account SAP # _____

Self pay _____

Other _____

Clinical information _____

Relevant medications _____

Collected by signature _____ ID # _____ (from Central Zone)

Date collected _____ YYYY / MM / DD Time _____ (24-hour clock) hrs

Bone marrow transplant (BMT)

Clinical diagnosis _____

Race _____

Recipient WBC <2.0 x 10⁹/L

Donor Recipient name _____

Recipient HCN _____

Relationship to recipient _____

HLA typing: 2 x 4 ml EDTA (lavender top)

1st sample 2nd sample (verification sample)

Low res High res

HLA antibody testing: 1 x 6 ml serum (plain red top)

Autoimmune (AIM) disease association

Clinical history _____

HLA AIM typing requested: 2 x 4 ml EDTA (lavender top)

HLA-B27 (note: rheumatologists, ophthalmologists, orthopedics only)

HLA-B*57:01 - Abacavir sensitivity (note: ID clinic only)

HLA-B*15:02 - Carbamazepine sensitivity

HLA-DQB1*02:01/DQA1*05:01 & HLA-DQB1*03:02/DQA1*03 - Celiac Disease

HLA-DRB1*15, DQB1*06:02 - Narcolepsy

HLA-A29 - Birdshot chorioretinopathy

Other Locus: _____

Suspected association _____

NSHA HLA lab use: _____ MOTP Entry _____ MOTP 2nd check _____

Received by _____ EDTA _____

Notes: _____ ACD _____

Serum _____

Patient information

Scent-free:

Central Zone is scent-free. Please do not wear scented products such as perfume, aftershave lotions, hair spray, shampoo, lotions, deodorant, and fabric softener when visiting Central Zone. You may be asked to remove scents or return at another time.

Identification/type:

You will be asked to present your valid health card at each visit. If you do not have a valid health card, a second unique identifier will be required; for example, a passport number. For more information, visit our website: www.cdha.nshealth.ca/pathology-laboratory-medicine-5

Fasting test requirements:

Do not eat, chew (including gum or candy), or drink for a minimum of eight hours. Water is allowed. Check with your physician regarding medications. If required to take medications, please take with water only.

Children:

Children must be supervised by a parent/guardian at all times in the blood collection waiting room. See child friendly locations below.

Glucose tolerance test:

This test is not performed at the Bayers Road location. For Dartmouth General and Cobequid sites, please arrive before 11 a.m. If using the Twin Oaks, Musquodoboit Valley, or Eastern Shore locations, please arrive within the first hour of opening times for each facility.

If your physician has indicated that your test requires an appointment for collection:

Collection for these special tests may not be available at all locations. Call ahead to make an appointment at the collection location you will be using. Please arrive 30 minutes before your appointment and inform the staff at the registration desk that you have a prebooked appointment.

Collection wait times:

Wait times can vary depending on location and patient volumes. Early morning is often the busiest time.

More information:

Please visit our website for more information:
www.cdha.nshealth.ca/pathology-laboratory-medicine

Clinician/practitioner information

Completing requisitions, labeling specimens:

Refer to instructions on our website: www.cdha.nshealth.ca/pathology-laboratory-medicine/specimen-collection-requirements

Requisitions, including standing orders:

These will expire one year from the order date.

Other requisitions:

Refer to the Laboratory Test Catalogue on our website:
www.cdha.nshealth.ca/pathology-laboratory-medicine

Priority:

In general, urgent results will be available within three hours and routine results within eight hours, although some tests may require a different timeframe. STAT is intended for life-threatening situations and is only available for hospital inpatients, emergency room patients, and hospital clinic outpatients.

Utilization rules:

Rules may apply to tests. The tests are reviewed regularly and utilization guidelines applied. These tests may be automatically canceled when repeat testing is requested within established timeframes. For a list of tests and additional information, refer to our website:

www.cdha.nshealth.ca/pathology-laboratory-medicine/specimen-collection-requirements/laboratory-utilization

Collection for special tests or specific collection times:

These tests require an appointment and may not be available at all locations. Visit our website for location information:

www.cdha.nshealth.ca/pathology-laboratory-medicine/blood-collection-services/blood-collection-outpatient-location-hours

More information:

Please visit our website for more information:
www.cdha.nshealth.ca/pathology-laboratory-medicine

Blood collection locations

Hours of operation and locations are subject to change. For current information, please call the collection location you will be using or visit our website: www.cdha.nshealth.ca/pathology-laboratory-medicine/blood-collection-services (* indicates child-friendly collection location).

Bayers Road Blood Collection*	7071 Bayer's Road	Halifax	(902) 454-1661
Halifax Infirmary Hospital	4th floor, 1796 Summer Street	Halifax	(902) 473-2452
Dartmouth General Hospital	325 Pleasant Street	Dartmouth	(902) 465-8305
Twin Oaks Memorial Hospital	7704 Highway 7	Musquodoboit Harbour	(902) 889-4115
Eastern Shore Memorial Hospital	22637 Highway 7	Sheet Harbour	(902) 885-3607
Musquodoboit Valley Memorial Hospital	492 Archibald Brook Road	Middle Musquodoboit	(902) 384-4111
Cobequid Community Health Centre*	40 Freer Lane	Lower Sackville	(902) 869-7120
Hants Community Hospital	89 Payzant Drive	Windsor	(902) 792-2038
St. Margaret's Bay Blood Collection*	Suite 204, 5110 St. Margaret's Bay Road	St. Margaret's Bay	(902) 826-3377
Woodlawn Medical Clinic	92 Main Street	Dartmouth	(902) 460-6770

This location provides booked appointments. Visit our website for information.