Seattle Cancer Care Alliance
Fred Hutch · Seattle Children's · UW Medicine

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

Clinical Immunogenetics Laboratory
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CLIA Number: 50D0995557
CIL Outside Sample Requisition F1095.17
Effective Date: 8/26/19

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: <u>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.</u>**
4. **If collection facility has generated labels, please affix a specimen label to the requisition form in the space indicated above.**

<u>Person from whom sample is being collected:</u>

(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**_____

<u>Potential Transplant Recipient:</u>

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 **<u>each blood tube, buccal swab or saliva sample</u>** 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)**