**Suspected TRALI – Patient Testing Requisition**

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| Person Completing Requisition and PH# | Client Information |
|  | **Versiti Indiana** (client #9512)  Donor Management  3450 N Meridian St  Indianapolis, IN 46208  PH: 317-916-5101 FAX: 317-916-5024  Email: [DonorManagement@Versiti.org](mailto:DonorManagement@Versiti.org) |
| Ordering Facility and PH#: |
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| **Patient / Sample Information** | | |
| Patient/Sample Name: | | |
| MR #: | | |
| DOB \_\_/\_\_/\_\_\_\_ | Gender:  M  F | Ethnicity: Caucasian African Hispanic Asian Ashkenazi Jewish Other |

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| **Patient Drawing Instructions**  **(Samples will be accepted 8:00 am Monday – noon Friday)** |
| Specimen Collection: Draw Date: \_\_\_/\_\_\_/\_\_\_\_ Draw Time: \_\_\_:\_\_\_ AM/PM   1. Draw 2, 6ml EDTA (lavender) tubes of whole blood and 2, 6ml serum (red clot) tubes from the patient. 2. Individually label tubes with:  * Full Name of Patient * Draw Date & Time  1. Ship tubes and this form as instructed below 2. Email this form, completed Recipient Adverse Event Investigation Hospital Report, and all supporting documentation including CXR reports to [DonorManagement@versiti.org](mailto:DonorManagement@versiti.org)   **IMPORTANT:**   * Samples cannot be accepted after any exposure to an environment in which HLA genes are amplified.   (This precaution is essential to avoid contamination of samples with DNA that could alter test results.)   * Contact laboratory for pediatric drawing requirements or low white cell drawing requirements |

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| **Sample Shipping Instructions** | |
| * **Sample must be refrigerated during storage and shipment** * Include form with samples * Ship samples within 2 days of collection * Ship to arrive Monday-noon Friday * The package must be shipped in compliance with carrier’s guidelines. Please contact your carrier for current biohazardous shipping regulations. | **Customers Ship to:** |
| Client Services: PNIL/Histocompatibility Laboratory  Versiti Wisconsin, Inc.  638 N 18th St. Milwaukee, WI 53233 |
| PH: 1-800-245-3117 ext. 6396 |

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| **Test Order Information** | |
| HLA-ABC Low Resolution (2302)  HLA-DRB1, DQB1, DQA1 Low Resolution (2553)  Neutrophil Antigen Genotyping Panel (5201)  HLA Antibody Identification Class I High Resolution (2226)  HLA Antibody Identification Class II High Resolution (2231)  Neutrophil antibody screen with REFLEX to Neutrophil Antibody Identification (5119) | **NOTE**: This requisition is for patients being evaluated for TRALI. Email all associated forms to [DonorManagement@versiti.org](mailto:ILdonormanagement@versiti.org) |

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| **For Versiti Client Services Use Only** | |
| \_\_\_CLOT \_\_\_EDTA \_\_\_Previously Received   * Forward 1 red and 1 lavender to HLA * Forward 1 red and 1 lavender to PNIL | Opened by \_\_\_\_\_\_\_\_\_ Entered by \_\_\_\_\_\_\_\_\_  Reviewed by \_\_\_\_\_\_\_\_\_ Labeled by \_\_­­\_\_\_\_\_\_\_ |