

Versiti does NOT bill patients or their insurance. Test orders must be placed through a medical facility that has an account with Versiti. Client # required.

Person Completing Requisition	
Institution	Client#
Dept	Physician
Address	
City	ST ZIP
Phone (Lab)	Phone (Physician)



**HLA Panel By NGS - Data Only**  
 Phone 800-245-3117 x 6201  
 Fax (414) 937-6322

<b>Patient/Sample Name</b>		Last			First			MI		
MR #				Accession #				SSN	-	-
DOB	/	/	Gender	<input type="checkbox"/> M <input type="checkbox"/> F	Ethnicity	<input type="checkbox"/> Caucasian	<input type="checkbox"/> African American	<input type="checkbox"/> Hispanic	<input type="checkbox"/> Asian	
						<input type="checkbox"/> Ashkenazi Jewish	<input type="checkbox"/> Other			
Specimen Type	<input type="checkbox"/> Blood <input type="checkbox"/> Buccal Swabs <input type="checkbox"/> DNA <input type="checkbox"/> Umbilical Cord Blood <input type="checkbox"/> Other					Draw Date	/	/		
Anticoagulant	<input type="checkbox"/> EDTA <input type="checkbox"/> ACDA <input type="checkbox"/> ACDB <input type="checkbox"/> Other _					Draw Time				
Special Reporting Requests:							PO#:			

**HLA TYPING**

HLA Panel by NGS - Data Only (2349)

**DRAWING INSTRUCTIONS:** Tubes must be **individually** labeled with **FULL NAME OF INDIVIDUAL, ANOTHER IDENTIFIER (e.g., SSN, MRN, DOB), DATE AND TIME OF DRAWING**. 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. **Samples will be accepted from 8:00 a.m. Monday through noon on Friday.** Emergency testing **MUST** be arranged through the laboratory. Call (414) 937-6201.

TEST	SAMPLE REQUIREMENTS	STORE and SHIP
HLA Panel by NGS - Data Only	5 - 14 ml EDTA whole blood (lavender top) or ACDA whole blood (yellow top) or 4 buccal swabs or DNA(100ul @ 20ng/ul)	Room temperature

Contact laboratory for pediatric drawing requirements or low white cell count drawing requirements. Blood samples should be shipped by overnight carrier. The package must be shipped in compliance with carrier's guidelines. Please contact your carrier for current biohazardous shipping regulations.

Packages should be addressed to:

**Versiti Wisconsin - Histocompatibility Laboratory**  
 638 North 18th Street  
 Milwaukee, WI 53233

Versiti Use Only			
____ HEPB	____ ACDA	Opened By	____
____ Clot	____ ACDB	Evaluated By	____
____ Other _____	____ EDTA	Reviewed By	____
		Labeled By	____