



Labels and Stamp Here

ClinImmune Labs Children's Hospital Colorado
Requisition for Bone Marrow Transplant

Name (last, first):	DOB:	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	Race:	MRN:
Send out Kits Ship-To Address:				
Requesting Coordinator/Physician: <input type="checkbox"/> Shari Hansen <input type="checkbox"/> Allison Clifton <input type="checkbox"/> Dr. Roger Giller <input type="checkbox"/> Dr. Ralph Quinones <input type="checkbox"/> Dr. Amy Keating <input type="checkbox"/> Specify: Tel: 720-777-2754 Fax: 720-777-7289		Form Completed by Name:		
		Phone:		
Date of Sample Collection:		Time of Collection:		
For Donor Testing Only, Relationship to Recipient: <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Other Family: <input type="checkbox"/> Brother <input type="checkbox"/> Sister <input type="checkbox"/> Unrelated Donor		Recipient's name (if sample is on donor):		
		Recipient's DOB:		
		Recipient's MRN:		
Sample Source: <input type="checkbox"/> Blood <input type="checkbox"/> DNA <input type="checkbox"/> Buccal <input type="checkbox"/> Marrow <input type="checkbox"/> Other:				

Please place a check next to tests requested. Forward blood samples with this request form to the laboratory for immediate processing. Sample requirements are shown next to each group of tests. Samples collected off-site should be received in the laboratory as soon as possible. Store samples at room temperature. Contact lab supervisor for overnight shipping instructions, cytopenic sample requirements, and any questions.

Recipient Test Menu	Related Donor Test Menu	Unrelated Donor Test Menu														
<input type="checkbox"/> Recipient Initial (L6101) High-Res A, B, Cw, DRB1, DQB1 10 ml in ACD yellow top, 7 ml EDTA (call ClinImmune for pediatric volumes)** 83909-4A/B/C/E/F, DNA-5-HR <hr/> <input type="checkbox"/> Recipient Confirmatory (L6109) A,B, low resolution and DRB1 low-resolution 10 ml in ACD yellow top, 7 ml EDTA 83909-4A/B/E, HLA-ABDR <hr/> <input type="checkbox"/> HDPRA (L5685) High Definition HLA Antibody ID (LSA) (call ClinImmune for platelet support) 7 ml plain red top 86807, PRA-HD	<input type="checkbox"/> Family Donor Initial Screen (L6110) A,B, low resolution and DRB1 low-resolution 10 ml in ACD yellow top, 7 ml EDTA 83909-4A/B/E, HLA-ABDR <input type="checkbox"/> Stored Donor Extended High Resolution (L6144) High-Res A, B, Cw, DRB1, DQB1 from archived DNA <u>BY REQUEST</u> 83909-4A/B/C/E/F, DNA-5-HR <hr/> <input type="checkbox"/> Family Donor Confirmatory (L6117) A,B, low resolution and DRB1 low-resolution 10 ml in ACD yellow top, 7 ml EDTA 83909-4A/B/E, HLA-ABDR	<input type="checkbox"/> Unrelated donor confirmatory (L6111) High-Res A, B, Cw, DRB1, DQB1 Adult Donor: 10 ml in ACD yellow top, 7 ml EDTA Cord Blood: 5 µg DNA (>40ng/µl concentration) or frozen MNC pellet 5-10x10 ⁶ cells 83909-4A/B/C/E/F, DNA-5-HR <hr/> ** <table border="1"> <thead> <tr> <th colspan="2">Minimum Specimen Volumes (EDTA)</th> </tr> <tr> <th>WBC</th> <th>Blood Volume</th> </tr> </thead> <tbody> <tr> <td><1.0</td> <td>Call ClinImmune Labs. Buccal swab may be appropriate.</td> </tr> <tr> <td>1.0-2.0</td> <td>7.5ml</td> </tr> <tr> <td>2.0-5.0</td> <td>5.0ml</td> </tr> <tr> <td>5.0-10.0</td> <td>2.0ml</td> </tr> <tr> <td>>10.0</td> <td>1.0ml</td> </tr> </tbody> </table> Transformed Blasts: Please DO NOT send samples with >50% blasts	Minimum Specimen Volumes (EDTA)		WBC	Blood Volume	<1.0	Call ClinImmune Labs. Buccal swab may be appropriate.	1.0-2.0	7.5ml	2.0-5.0	5.0ml	5.0-10.0	2.0ml	>10.0	1.0ml
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>10.0	1.0ml															
Miscellaneous Test Menu																
<input type="checkbox"/> Crossmatch, Basic (L3130) (call ClinImmune for coordination)	<input type="checkbox"/> Recipient Donor	Recipient: 10 ml plain red top Donor: 40 ml in ACD yellow tops 7 ml ACD yellow top														
<input type="checkbox"/> ABO (L3140)		86825 XM-BAS 86644 ABOTX														
<input type="checkbox"/> Comments:																

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 12635 E. Montview Blvd. Ste. 300
 Aurora, CO 80045

Phone: 303-724-1300 or 303-724-1313 or 303-724-0592
 Fax: 303-724-1310
 On Call Pager: 303-266-1908

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Physician/Designate Signature: _____

Date: _____