

△ New York Blood Center

Laboratory of Immunogenetics (HLA)
601 Midland Ave., Rye, NY 10580
Phone: 718-752-4717
Director: Taba Kheradmand, PhD, F(ACHI)

ASHI # 02-1-NY-24-1
CLIA # 33DO673132
EFI # 99-US-001.999

New York State Department of Health PFI # 2449

HISTOCOMPATIBILITY (HLA) TEST REQUEST

LABEL ALL SPECIMENS: Last Name, First Name, Date of Birth and Date of Collection

HLA Lab hours of operation M-F 9am-5pm (excluding major holidays). Receipt of samples 24 hours / 7 days a week.

SEPARATE FORM MUST BE USED FOR EACH INDIVIDUAL

SPECIMEN:

For Lab use only

Last Name: _____ First Name: _____

DOB: _____ Gender at Birth: _____ Race/Ethnicity: _____

Date of Sample Collection: _____ Specimen Type: _____

Please Choose ONE of the following:

☐ **Patient**

Diagnosis: _____

Sensitizing Event(s):

☐ Transfusion: Date: _____

☐ Transplant: Date: _____

Donor ID: _____

☐ Pregnancy (#): _____

Indicate any additional information that may
affect the HLA test results:

☐ **Donor for Patient:**

Patient Name: (Last, First)

Patient DOB: _____

Relationship to Patient:

Hospital: _____

Physician: _____

Phone: _____

E-mail(s) for Release of Test Results (**required**):

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PLEASE CHECK TESTS TO BE PERFORMED:

HLA Matched Platelet Testing:

- ☐ HLA-A and HLA-B (2 EDTA/Purple top or 2 ACD/Yellow top tube)
☐ HLA Antibody ID - Class I only (1 Clotted/Red top tube)

High Resolution Typing by NGS (see specimen requirements below):

☐ **Initial Typing**

☐ **Verification Typing**

- ☐ All 11 Loci (HLA-A, -B, -C, -DRB1/3/4/5, -DQA1/DQB1 and DPA1/DPB1)
☐ HLA-A ☐ HLA-B ☐ HLA-C
☐ HLA-DRB1/3/4/5 ☐ HLA-DQA1/DQB1 ☐ HLA-DPA1/DPB1

Other:

- ☐ HLA Antibody ID - Class I & II (including DSA) (1 Clotted/Red top tube)
☐ Please Indicate: _____

Turnaround Time:

- ☐ Routine (5-10 business days) ☐ STAT (3 business days; Additional STAT charges will apply)

Please call the HLA Laboratory at 718-752-4717 and Email NYBC-HLA-Lab@nybc.org for all STAT requests.

Send specimens to the following address:

New York Blood Center
HLA Laboratory
601 Midland Ave.
Rye, NY 10580
Phone: 718-752-4717
Email: NYBC-HLA-Lab@nybc.org

NYBC courier pickup:

Call 718-707-3771

Specimen Requirements:

Whole Blood: 2 tubes in EDTA or ACD (avoid Heparin)

Ship in ambient temperature

Buccal Swab: Minimum of 4 swabs

Ship in ambient temperature

Genomic DNA: Minimum of 20µg

Ship in ambient temperature

Frozen Cells:

Ship on dry ice

Cell lines in cultured medium: 3-5x10⁶ cells

Ship at 4°C

***Each specimen (container) must be individually labeled**

Key Contacts:

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