**DIAGNOSTIC HLA REQUEST**

BARBARA DAVIS CENTER FOR CHILDHOOD DIABETES

# University of Colorado School of Medicine, Anschutz Medical Campus

1775 Aurora Ct, M20-4201C

Aurora, CO 80045

Phone: (303) 724-6809 FAX: (303) 724-5811

# DIRECTIONS FOR SENDING SAMPLES FOR HLA TYPING

1. Please complete the HLA testing request form. Make sure you include an address where the results should be sent.
2. A tube (purple top-EDTA or green top-Heparin) of at least 2mL blood should be drawn.
3. Sample should be packaged and shipped in compliance with UN3373 Category B regulations.
4. Store sample at 4oC prior to shipping.
5. If the sample will be held longer than one day prior to shipping, freeze sample and ship on dry ice.
6. Sample should be sent by overnight mail to:

## Attn: Diagnostic HLA Sample Barbara Davis Center

1775 Aurora Ct., M20-4201C

Aurora, CO 80045

Tel: 303-724-6809

The results of the test will be reported within 2 weeks.

**RESULTS CANNOT BE GUARANTEED FOR COAGULATED SAMPLES**.

oDQA&B….………………………..$80.00 o DRB1..................................…..$100.00

(CPT 86817) (CPT 86817)

oHLA A......……….........……..........$80.00 oHLA B......……….........…….....$90.00

(CPT 86817) (CPT 86817)

oDNA Extraction ….…………….....$40.00

### A

Patient Name: Clinic/Hospital ID#

Date of Birth: Sample Drawn Date

### B Requesting physician or clinic will be billed for this test.

Requesting Physician:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Billing Address:

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Fax:

Phone: Fax:

### RESULTS

Dqa1-a

Dqa1-b

Dqb1-a

Dqb1-b

Drb1-a

Drb1-b

HLA A1\_\_\_\_\_\_\_ HLA A2\_\_\_\_\_\_\_\_

HLA B1\_\_\_\_\_\_\_ HLA B2 \_\_\_\_\_\_\_ HLA C1\_\_\_\_\_\_\_ HLA C2\_\_\_\_\_\_\_\_

Version 4 12/6/18 Report Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_