

# 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 4°C 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 (CPT 86817)	o DRB1.....\$100.00 (CPT 86817)
oHLA A.....\$80.00 (CPT 86817)	oHLA B.....\$90.00 (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: _____	Phone: _____
Fax: _____	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 _____