

Research Test Menu

-Please call prior to sending samples

-One sample per form



Sample Type: Blood DNA Cells Other (*specify*):

Sample Name (Last,First): _____ DOB: _____ Race/Ethnicity: _____

Date of Sample Collection: _____ **HLA #** or Other Identifier: _____

Requester: _____ Location/FAX#: _____

Billing Information: _____

HLA Phenotyping ("Serology")

HLA Class I Basic (HLA-A,B-Basic Class I) (*7-10 ml ACD yellow top*)

HLA Class II Basic (HLA-DR-Basic Class II) (*20 ml in ACD yellow tops*)

HLA Class I Comprehensive (HLA-A,B-Comprehensive Class I) (*10 ml ACD yellow top*)

HLA Class II Comprehensive (HLA-DR,DQ-Comprehensive Class II) (*20 ml in ACD yellow tops*)

HLA Molecular Typing

Extract and Hold DNA

HLA-A Low Resolution High Resolution

HLA-B Low Resolution High Resolution

HLA-Cw Low Resolution High Resolution

HLA DRB1 Low Resolution High Resolution

HLA-DRB3/4/5 Low Resolution High Resolution

HLA-DQB1 High Resolution

HLA-DPB1 Intermediate to High Resolution

Other Tests

PRA Class I (HLA antibody screen) (*10 ml plain red top*)

PRA Class II (HLA antibody screen) (*10 ml plain red top*)

ABO (ABO blood typing) (*1 red top*)

Single Antigen Testing (please score desired single antigen):

A1 A*0101 A2 A*0201 B27 DR4 DRB1*0401 DQ6 Other:

Comments/Other Requests: _____

Sample Delivery: Samples are accepted Monday-Friday 8AM-5PM and 9AM-4PM on Saturdays. **All samples should be received in biohazard bags or appropriate containers with Request Form attached.**

WBC	% Lymphs	Minimum Serology Sample Requirements: ACD Yellow Tops at Room Temperature		Molecular Typing Sample Requirements: Call for details
		ABC: Serology	DR/DQ: Serology	
1.0-5.0	5-20	10ml	10ml	Mailing Address: Bioscience Park Center 12635 E. Montview Blvd., Ste. 300 Aurora, CO 80045 Tel: 303-724-1300 or 303-724-1313 Fax: 303-724-1310 E-mail: michael.aubrey@uchsc.edu
	20-40	5ml	5ml	
	40-60	3ml	3ml	
5.0-10.0	5-20	5ml	5ml	
	20-40	2ml	2ml	
	40-60	2ml	2ml	
10.0-17.0	5-20	3ml	3ml	
	20-40	2ml	2ml	
	40-60	2ml	2ml	