HLA-DNA TEST ORDER FORM – TRALI Screening

Versiti Indiana, Inc
3450 N. Meridian St. • Indianapolis, IN 46208
CLIA# 15D2084361 • Medicare # 15-HL-01 • UNOS # 10INCI • ASHI # 08-4-IN-06-1 • NYSDOH PFI: 8930
Lab Phone: (317)916-5260 FAX: (317)916-5230 hla@indianablood.org

Ordering Facility:	
Facility phone#:	**Results to (fax/email):**
Person completing requisition:	**Comments:**
Sample(s) date:	**Date form completed:**

Donor TRALI Screening
(HLA Class I and II antibody screen)

Unit number	Accession Number (optional)

SPECIMEN REQUIREMENTS: 0.5ml of serum/plasma labeled with unit number

Send samples and completed order form to:

Versiti Indiana, Inc
HLA/DNA Lab
3450 N. Meridian St.
Indianapolis, IN 46208

*****Cannot be shipped in the same box as samples for the Donor Testing Lab*****

Form HL150-01.3 Version 3.0