

# HLA LABORATORY

RUSH-PRESBYTERIAN-ST. LUKE'S MEDICAL CENTER  
RUSH MEDICAL LABORATORIES  
CHICAGO, ILLINOIS 60612 (312) 942-2378  
DIRECTOR: ROBERT DE CRESCE, M.D.

ORDERING PHYSICIAN: \_\_\_\_\_

DATE \_\_\_\_\_ TIME \_\_\_\_\_ DRAWN BY \_\_\_\_\_ DATE \_\_\_\_\_ TIME \_\_\_\_\_ DRAWN BY \_\_\_\_\_

PATIENT DIAGNOSIS (MANDATORY)  
ICD-9 CODE or NARRATIVE

## THIS SECTION TO BE COMPLETED FOR OUTPATIENTS ONLY

BILLING INFORMATION

☐ BILL PATIENT

☐ BILL INSURANCE

**\*\*ATTACH COMPLETED INSURANCE CLAIM FORM TO THIS REQ\*\***

PATIENT ADDRESS			RESPONSIBLE PARTY (IF DIFFERENT THAN PATIENT)			SEX <input type="checkbox"/> M <input type="checkbox"/> F	
CITY	STATE	ZIP CODE	ADDRESS	CITY	STATE	ZIP CODE	
TELEPHONE		SOCIAL SECURITY#	TELEPHONE	DATE OF BIRTH	SOCIAL SECURITY#		
EMPLOYER NAME	ADDRESS		CITY	STATE	ZIP CODE	TELEPHONE	
INSURANCE PROVIDER	POLICY/MEMBER#		GROUP#	MEDICARE/MEDICAID# (CIRCLE ONE)		MEDICAID RECIPIENT#	

ORDERING PHYSICIAN

U.P.I.N.

SEND ADDITIONAL REPORTS TO DOCTOR: ADDRESS CITY STATE ZIP CODE

STAT ☐ ROUTINE ☐ CALL STAT RESULTS TO: ( )

**NOTE: If federal reimbursement will be sought for the ordered services, physicians must only order those tests that meet Medicare requirements for medical necessity.**

## HISTOCOMPATIBILITY STUDIES

SPECIMEN SOURCE: ☐ BLOOD ☐ LYMPH NODE ☐ SPLEEN ☐ OTHER \_\_\_\_\_

**ALL TESTS MUST BE SCHEDULED WITH LAB - CALL 312-942-8393  
PLEASE LABEL ALL TUBES WITH PATIENT'S NAME AND ID#**

### HISTOCOMPATIBILITY TESTS

- ☐ HLA A,B,C (Class I) [HLA ABC] 86813
- ☐ HLA DR (Class II) [HLA DR] 83912, 83896, 83890, 83898, 83894  
Components: DNA Extraction, PCR Amplification, DNA Electrophoresis, DR Probe, DR Report
- ☐ HIGH RESOLUTION HLA DR (CLASS II) [HIRESDNA] 83912  
83890, 83894, 83898
- ☐ HLA B-27 [HLA B27] 86812
- ☐ HLA ANTIBODY SCREEN (PRA) [HLA AB SCR] 86807
- ☐ HLA CYTOTOXIC CROSSMATCH [T AHG/B, B AHG/B] 86805x2
- ☐ HLA FLOW CYTOMETRIC CROSSMATCH [FLOW XM/B] 88180x2

### CPT

### SOLID ORGAN TRANSPLANTATIONS:

☐ CADAVER - DONOR PROCESSING

Recipient Name

☐ LIVING RELATED

☐ DONOR FOR: \_\_\_\_\_

Recipient Name

☐ RECIPIENT

**OTHER TESTS: Please print legibly one test per line**