

HLA DISEASE ASSOCIATION - PLATELET IMMUNOLOGY LABORATORY

100 Parkshore Drive, Brampton ON L6T 5M1
Phone: (905) 494-5257 Fax: (905) 494-8149



Physician/Authorized
Healthcare Provider: _____
(FULL last name & FULL first name)

Facility: _____

Address: _____

City: _____ Province: _____

Telephone: _____ Ext _____ Fax: _____

cc To: _____ Fax: _____
(FULL last name & FULL first name)

PHIN (or Unique ID): _____

Last Name: _____

First Name: _____

DOB: _____
YYYY-MM-DD

Clinic/Medical Record Number: _____

Diagnosis: _____

Ethnicity:
 Arabic Asian Black Indigenous Latin-American
 South Asian White Unknown Other _____

Collected at: Facility: _____ Phlebotomist Name: _____

Collection Date (YYYY-MM-DD): _____ Time (HH:MM): _____

HLA DISEASE ASSOCIATION – 1 X 5mL Unopened EDTA

HLA-A Typing _____

HLA-B Typing _____ HLA-B27 HLA-B*57:01

HLA-DR Typing _____

HLA-DQ Typing _____ HLA-DQ2 HLA-DQ8

COLLECTION PROCEDURE – Phlebotomist's Responsibilities



1. The phlebotomist must positively identify the patient and draw the appropriate samples.
2. Phlebotomist must label the samples with patient's unique ID, last name, first name and collection date.
3. The phlebotomist must document on the requisition his/her initials and sample collection date and time.
4. Sample(s) will be rejected if: information is missing or incorrect on the sample/requisition, correction fluid or tape is used, sample has been overlabeled.

PROCEDURE FOR SHIPPING SAMPLES FROM OUTSIDE ONTARIO

1. All EDTA samples must remain UNOPENED.
2. Pack samples in secure, protection wrapping to avoid breakage/leakage and send samples in a box containing ice packs.
3. Notify PI Lab prior to shipment at (905) 494-5257. Fax waybill, if applicable, and copies of requisitions to (905) 494-8149.
4. **Ship samples for receipt on Monday to Friday** to the nearest CBS or Platelet Immunology Lab: **100 Parkshore Drive, Brampton ON L6T 5M1.**

LABORATORY USE ONLY

Sample Number:	Accessioned By:	File Checked By:	Previous File: <input type="checkbox"/> Yes <input type="checkbox"/> No	Demographics Agree: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
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Date & Time Received at CBS:	 
Date & Time Received at PI LAB:	