

**UNIVERSITY OF KENTUCKY
CHANDLER MEDICAL CENTER**

Date/Time of Collection:

Collector:

**PHYSICIAN ORDER FORM
IMMUNOMOLECULAR PATH LAB
& GENOMICS CORE LAB**

LCRA label by:

Source:

Patient Identification:
Name:
Med Rec #:
Date of Birth:
M F

CODE	FLOW CYTOMETRY	REASON	CODE	GENOMICS TESTING	REASON
CMTBLD	Cell Marker - Blood (2 yellow)		HFEP	HFE for Hemachromatosis (1 yellow)	
CMBMN	Cell Marker - Bone Marrow (3ml BM)		FVMPCR	Factor V Leiden	Performed as a combined assay (1 yellow)
CMTISS	Cell Markers - Tissue		PTMPCR	Prothrombin Mut	
CMFLD	Cell Markers - Fluid				
CMFNAT	Cell Markers - FNA		STRPAT	STR patient pre sample testing (2 yellow)	
CMMSP	Cell Marker - MS Panel (2 purple)		STRDON	STR donor pre sample testing (1 yellow)	
CMTIDP	Cell Markers Immunodeficiency (2 purple - Requires HEMD)		STRPST	STR post transplant monitoring (1 yellow or 1ml BM)	
CMPNHT	PNH Flow Markers (2 yellow)				
CD34MS	CD34 Mobilization Panel (1 yellow-Requires HEMD)				
FACS	FACS Phenotyping (1 yellow)				
	Total volume =				
	WBC/mL =				
T4T8E	CD4/CD8 Enumeration (2 purple - Requires HEMD)				
HEMD	CBC with DIFF (1 purple)				

Patient Name:
Patient's Medical Record #:

Donor Name:
Donor SSN or UNOS Number:
Relationship to Patient:

CODE	HISTOCOMPATIBILITY TESTING	REASON
CPTHLA	HLA Complete Typing, Patient (Low Resolution) (2 yellow)	
CDTHLA	HLA Complete Typing, Donor (Low Resolution) (2 yellow)	
B27HLA	HLA B27 (1 yellow)	
B57HLA	HLA B5701 (1 yellow)	
HLASLP	Other Disease Association - Single HLA locus (1 yellow) Specify locus and specific disorder	

CODE	HLA Crossmatch and Antibody Screen
HLAXMF	Patient: (1 red top)
HLAXMD	Donor: (2 yellow)

HLA High Resolution Typing (Requires separate collection from low resolution typing)		
HLAPHR	HLA HIGH RESOLUTION, PATIENT (2 yellow)	
HLADHR	HLA HIGH RESOLUTION, DONOR (2 yellow)	
HLANMD	HLA HR NMDP, DONOR (2 yellow)	

STAT TEST

HLAXMF	HLA Crossmatch and Antibody Screen, Patient (red top)	
HLAXMD	HLA Crossmatch, Donor (2 yellow)	
HLAPRA	HLA Antibody Screen only (PRA) (red top)	
HLADSA	HLA Donor Specific Antibody (DSA) testing (red top)	
	C1q Antibody Specificity - HLA Class I (red top)	
	C1q Antibody Specificity - HLA Class II (red top)	

Diagnosis:

Ordering Physician Signature: _____ ID #: _____ Date: _____

TO BE COMPLETED BY CLINIC CHECK-OUT STAFF (If requesting physician is a resident, attending physician information is required)

Requesting Physician	Attending Physician	Pager #	Telephone
Full Name			

REQUIRED: Clinic Staff Signature _____ Phone Number _____ Date _____