

HLA & FLOW CYTOMETRY

Laboratory Requisition

Written By: _____
 Acct. No. _____ Stat _____ Routine _____
 Patient Name _____
 Birth date _____
 Sex _____
 Room No. _____
 Dr./No. _____
 Med. Rec. No. _____

Collection Date/Time: _____

Collected By: _____

Diagnosis Code or Description A. _____ B. _____	C. _____ D. _____
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Medicare Provider No. _____	Ordering Physician _____
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If Medicare/Medicaid payment is sought, only tests that are medically necessary for the diagnosis or treatment of a patient should be ordered. Medicare will only pay for covered tests that are medically necessary in accordance with ICD-9 diagnoses. Tests that are denied because of lack of supportive diagnosis will become the responsibility of the patient. The physician (or designated representative) is responsible for explaining to the beneficiary those test that may not be covered and obtaining a waiver of liability before the service is performed. Waivers must be on file and available if requested.

Please circle appropriate test codes. **9111 Waiver of Liability on file: ☐Yes ☐No** **List Waivered Tests** _____

Code	Test Name	CPT	Diagnosis	Specimen Requirement
Initial Transplant Evaluation				
HABDR1	HLA-ABCDR Phenotype	86813 86817	_____	two 7 ml yellow (ACD-B) tubes
HPRAI	Percent Reactive Antibody PRA I	86807	_____	one 7 ml red tube
HPRAII	Percent Reactive Antibody PRA II	86808	_____	one 7 ml red tube
ABORH	ABO and Rh	86900,86901	_____	one 7 ml pink tube
Transplant Workup for Final transplant				
TBTRAN	T&B Lymphs, Transplant	86355,86357,86359,86360,86356,86356-59	_____	one 10 ml green sodium heparin & one 3 ml lav tube or a current CBC report
HFLOXM	Flow Cytometry Crossmatch	86849	_____	one 7 ml red from the potential kidney recipient; two
HLRDXM	Crossmatch, Living Donor	86805	_____	7 ml yellow (ACD-B) tubes from the living donor or one lymph node from the cadaver donor
HCADXM	Crossmatch, Cadaveric Donor	86805	_____	
Cadaver Donor Workup				
HDON	Cadaver Donor HLA Battery		_____	at least one lymph node in RPMI, one 7 ml red tube and two 7 ml yellow (ACD-B) tubes
	HLA-ABC Phenotype	86813	_____	
	HLA-DR Phenotype	86817	_____	
	ROP Crossmatch	86805	_____	
Disease Association Studies				
HB27A	HLA-B27	86812	_____	5 ml green, lav, or pink hemogard, critical ambient, must receive w/in 72 hours of collection
NARCOA	HLA-DR2 (Narcolepsy)	83891,83894x2, 83901x2,83912	_____	5 ml lav or pink (EDTA), do not freeze, ambient 3 days, refrigerated one week
HABC	HLA-ABC for Platelets	86813	_____	two 7 ml yellow (ACD-B) tubes
Immunophenotype / Flow Cytometry				
CD4CT	Absolute CD4 count	86361	_____	one 10 ml green sodium heparin tube & either a current CBC or a 3 ml lavender tube
TBHS	T Lymphs	86360	_____	
	Helper/Suppressor (CD4/CD8)		_____	
TBBAS	T&B Lymphs/ Basic	86355,86357,86359,86360	_____	
FLOCYT	Leukemia Panel	88184,88185x_	_____	marrow in 3 ml or blood in 10 ml green sodium heparin tube & a current CBC or a 3 ml lavender tube. Include 2 unstained blood smears.
	<input type="checkbox"/> marrow <input type="checkbox"/> blood		_____	
FLOCYT	Lymphoma Panel	88184,88185x_	_____	tissue in RPMI, marrow in 3 ml or blood in 10 ml green sodium heparin with current CBC or a 3 ml lavender tube. Include 2 unstained blood smears.
	<input type="checkbox"/> tissue <input type="checkbox"/> blood <input type="checkbox"/> marrow <input type="checkbox"/> body fluid (CSF/pleural)		_____	
FLHBF	Hemoglobin F	88184	_____	one 3 ml lavender tube