

**DIAGNOSTIC HLA REQUEST**

BARBARA DAVIS CENTER FOR CHILDHOOD DIABETES  
**University of Colorado School of Medicine, Anschutz Medical Campus**  
1775 Aurora Ct, M20-4201C  
Aurora, CO 80045  
Phone: (303) 724-6809 FAX: (303) 724-5811

**DIRECTIONS FOR SENDING SAMPLES FOR HLA TYPING**

1. Please complete the HLA testing request form. Make sure you include an address where the results should be sent.
2. A tube (purple top-EDTA or green top-Heparin) of at least 2mL blood should be drawn.
3. Sample should be packaged and shipped in compliance with UN3373 Category B regulations.
4. Store sample at 4°C prior to shipping.
5. If the sample will be held longer than one day prior to shipping, freeze sample and ship on dry ice.
6. Sample should be sent by overnight mail to:

Attn: Diagnostic HLA Sample Barbara  
Davis Center  
1775 Aurora Ct., M20-4201C  
Aurora, CO 80045  
Tel: 303-724-6809

The results of the test will be reported within 2 weeks.

**RESULTS CANNOT BE GUARANTEED FOR COAGULATED SAMPLES.**

oDQA&DQB.....\$80.00 (CPT 86817)	o DRB1.....\$100.00 (CPT 86817)
oDPA&DPB.....\$80.00 (CPT 86817)	oHLA-A.....\$80.00 (CPT 86817)
oHLA-B.....\$90.00 (CPT 86817)	oHLA-C.....\$90.00 (CPT 86817)
oDNA Extraction .....\$40.00	

Please check the box below:  
 Clinical Sample       Research Sample

**A**

Patient Name: \_\_\_\_\_ Clinic/Hospital ID# \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Sample Drawn Date \_\_\_\_\_

**B**                      **Requesting physician or clinic will be billed for this test.**

Requesting Physician: \_\_\_\_\_ Billing Address: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Phone: \_\_\_\_\_

Fax: \_\_\_\_\_ Fax: \_\_\_\_\_

**RESULTS**    Only the most common alleles are reported, ambiguous allele combination(s) are available upon request.

HLA-DQAI\*\_\_\_\_\_:\_\_\_\_\_    HLA-DQAI\*\_\_\_\_\_:\_\_\_\_\_    HLA-DQBI\*\_\_\_\_\_:\_\_\_\_\_    HLA-DQBI\*\_\_\_\_\_:\_\_\_\_\_

HLA-DRBI\*\_\_\_\_\_:\_\_\_\_\_    HLA-DRBI\*\_\_\_\_\_:\_\_\_\_\_    HLA-A\*\_\_\_\_\_:\_\_\_\_\_    HLA-A\*\_\_\_\_\_:\_\_\_\_\_

HLA-B\*\_\_\_\_\_:\_\_\_\_\_    HLA-B\*\_\_\_\_\_:\_\_\_\_\_    HLA-C\*\_\_\_\_\_:\_\_\_\_\_    HLA-C\*\_\_\_\_\_:\_\_\_\_\_

Version 6 1/04/2021 Report Date: \_\_\_\_\_

This test was developed and its performance verified by the HLA Laboratory at the Barbara Davis Center. It has not been cleared or approved by the US Food and Drug Administration. Brief description of the method and performance characteristics are available upon request. This laboratory is certified under the Clinical Laboratory Improvement Amendments (CLIA) and the College of American Pathologists (CAP).