

## HLA TYPING REQUEST

ROUTINE       AS SOON AS POSSIBLE       URGENT

RECIPIENT PATIENT INFORMATION					
Gender : <input type="checkbox"/> Female <input type="checkbox"/> Male  Ethnicity : <input type="checkbox"/> Caucasian <input type="checkbox"/> Black <input type="checkbox"/> Asian <input type="checkbox"/> Hispanic <input type="checkbox"/> First Nation Other : _____ Country: _____  Number of samples sent : _____ Sampling date (dd-mm-yyyy) : _____ Time of sampling : _____	CASE INVESTIGATED AT HEMA-QUEBEC : <input type="checkbox"/> No <input type="checkbox"/> Yes Reference #: _____  <div style="text-align: center; font-size: 2em; opacity: 0.5; transform: rotate(-15deg);">Recipient Patient</div>				
<b>For Héma-Québec's use # Individu Edge:</b> _____	<b>IND-00057</b>	MINIMAL INFORMATION REQUIRED : PATIENT'S LAST AND FIRST NAME, DATE OF BIRTH/ HEALTH INSURANCE NUMBER, HOSPITAL'S RECORD NUMBER			
<b>Center of transplant:</b> _____ <b>Transplant physician:</b> _____	<b>Hospital:</b> _____ <b>Attending Physician:</b> _____ <b>Permit #:</b> _____				
<b>Diagnosis :</b> _____  Patient in remission : <input type="checkbox"/> No <input type="checkbox"/> Yes Stem cell transplant patient : <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Allograft <input type="checkbox"/> Autograft    Date of graft (dd-mm-yyyy): _____					
<b>Nature of graft request</b>	<input type="checkbox"/> Initial typing request <input type="checkbox"/> Pre-graft confirmation				
	Search for stem cell donors: <input type="checkbox"/> Related <input type="checkbox"/> Related and unrelated if siblings are not compatible <input type="checkbox"/> Unrelated <input type="checkbox"/> Haploidentical <input type="checkbox"/> Pre-graft workup				
	<input type="checkbox"/> Special request or Diagnosis linked to HLA system - Please specify : locus, allele and resolution level needed: _____				
<b>SIBLINGS</b>		# samples	<b>PARENTS</b>		# samples
IND-00057 <b>Sibling 1</b>	Surname: _____ First name: _____ DOB/RAMQ: _____ Sampling Date/Time: _____		IND-00057 <b>Father</b>	Surname: _____ First name: _____ DOB/RAMQ: _____ Sampling Date/Time: _____	
IND-00057 <b>Sibling 2</b>	Surname: _____ First name: _____ DOB/RAMQ: _____ Sampling Date/Time: _____		IND-00057 <b>Mother</b>	Surname: _____ First name: _____ DOB/RAMQ: _____ Sampling Date/Time: _____	
<b>Contact:</b> _____ <b>Phone number :</b> _____ <b>Shipping date (dd-mm-yyyy) :</b> _____					

SEE REVERSE SIDE FOR TERMS AND CONDITIONS

## HLA TYPING REQUEST

### SAMPLES NEEDED

If nucleated cell count is  $\geq 2 \times 10^9/L$  (normal):

15mL of blood collected in  $\leq 5$ mL EDTA tubes (lavender), kept at room temperature.

If nucleated cell count is  $< 2 \times 10^9/L$ :

At least 35mL of blood collected in  $\leq 5$ mL EDTA tubes (lavender), kept at room temperature.

### Samples must be labelled with the following information :

1. Patient or sibling's name and unique identifying number, date of birth or health insurance number.
2. Date sample was drawn.
3. Initials of the person who collected the sample.

**NOTE : Inadequately labelled samples will not be tested**

### Sample shipping procedure :

- If necessary, store samples at room temperature before packaging.
- Please make sure that samples are packed in a secured protective manner to avoid breakage.
- Samples must be shipped at room temperature.

**For shipments from regions outside Montreal, the laboratory must be given the waybill number and the shipping schedule at the following phone number : (514) 832-5000 or 1-888-666-HEMA (4362) extension: 6300**

- Transportation by TAXI is at the hospital's expense.
- Send the filled form with the samples through the blood bank.
- Use one request form for each case investigation.

**Identify the package and make sure that the address is in full view and enclose the ENR-00522 (LSC-ENR-030) form.**

### Laboratoire de Référence et des Cellules Souches (LRCS) – HLA laboratory

4300, rue Garand  
Saint-Laurent (Québec) H4R 2A3  
Phone number: (514) 832-5000 extension 6300  
Fax number: (514) 832-0271  
Toll free 1-888-666-HEMA (4362)  
Business hours: Monday-Friday 7AM to 11PM

### TERMS AND CONDITIONS

The terms and conditions set out below apply to HLA typing (hereinafter the "Analysis") performed by Héma-Québec's HLA Laboratory for hospitals (hereinafter the "Client"). These terms and conditions supersede and replace the terms and conditions of any purchase order issued by the Client.

#### **1. Billing and payment**

Where applicable, Héma-Québec shall issue to the Client an invoice identifying, among others, the type and date of the Analysis performed and the applicable rate. The stipulated rate is subject to applicable taxes. Payment must be made by the Client within 30 days following receipt of the invoice. Interest of 1.5% per month (18% per year) shall be applied to any outstanding balance.

#### **2. Service execution conditions**

Héma-Québec shall perform the Analysis prudently and diligently.

As turnaround times may vary according to the type, complexity and urgency of the Analysis to be performed, Héma-Québec is unable to commit itself to provide results within a specific timeframe. Héma-Québec shall make reasonable efforts to send the Analysis results as soon as possible, but cannot be held liable for any damages resulting from a delay in providing the analysis results.

Furthermore, Héma-Québec assumes no liability for any action that you might take following receipt of the results.

#### **3. Confidentiality**

All confidential information exchanged for the purposes of these presents shall be treated as confidential by the parties.