

## Requisition Form: PlexAPR™

**Patient Name:**

**Date of Birth:**

**Gender:**  Male  Female

**Insurance Details:**

**Carrier:**

**Plan Name:**

**Member ID#:**

**Group ID#:**

Additional Comments, if any:

**Sample Collection Date:**

**Time:**   AM  PM

**Sample Volume:**  5-7 ml  Other

(Samples less than 3 ml may be discarded because results may be inaccurate).

**Sample Container:**

Sodium Heparin (green top)

**Shipping Conditions:**

Ambient Temperature

**Shipping time (from phlebotomy to delivery)**

<30 hours  >30 hours

**Patient HLA:**

HLA-A	HLA-B	HLA-DR
<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>

**Donor HLA:**

HLA-A	HLA-B	HLA-DR
<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>

(Samples without accompanying HLA information for patient and donor will not be tested).

**Physician Ordering Test:**

**NPI #:**

**Facility:**

**Facility Phone :**

**Facility Fax :**

**Ship to:** Plexision, 4424 Penn Avenue, Suite 202, Medical Building, Pittsburgh, PA 15224  
Phone: 1(855)-753-9474 or 1(855)-PLEXISION; Fax: 412-224-2776