

## Requisition Form: Pleximark™ Tx

**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:**      8-10 ml                       Other  
(Samples less than 5 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"/>

1. Samples without accompanying HLA information for patient and donor will not be tested.
2. Copy of source document preferred.
3. Please provide HLA information for donor of all previous or current organ transplants received by patient. Test accuracy depends on HLA information for all donors.

**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**