Plexision
PERSONALIZED MEDICINE FOR BETTER HEALTH

Plexision
4424 Penn Avenue, Suite 202, Medical Building, Pittsburgh, PA 15224
Phone:1(855)-753-9474 or 1(855)-PLEXISI, Fax: 412-224-2776
State ID: 32485 CLIA ID: 39D2042664

Requisition Form

Patient Name:

Date of Birth:

Gender: ○ Male ○ Female

Insurance Details:

Carrier:

Plan Name:

Member ID#:

Group ID#:

○ Pleximark™ ○ PlexABMR™

○ PlexCMV™ ○ PlexEBV™

○ Immune deficiency panel ○ Lymphocyte subset

Sample Collection Date:

Time: ○ AM ○ PM

SampleVolume: ○ 8-10 ml ○ Other

(Samples less than 5 ml may be discarded because results may be uncurable)

Sample Container:

Sodium Heparin (green top) ☐

Sample Conditions:

Ambient Temperature ☐

Shipping time (from phlebotomy to delivery):

○ < 30 hours ○ > 30 hours

Patient HLA

HLA-A		HLA-B		HLA-DR	

Donor HLA

HLA-A		HLA-B		HLA-DR	

Physician Ordering Test:

NPI#:

Facility:

Facility Phone#:

Facility Fax:

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

Ship to: **Plexision, 4424 Penn Avenue, Suite 202, Medical Building, Pittsburgh, PA 15224**
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