Kidney Transplant

Please Print Legibly

Atrium Health

Carolinas Laboratory Network—Core Laboratory
P.O. Box 32861 Charlotte, NC 28232 (704) 512-4900
Edward H. Lipford III, M.D., Medical Director

Location Sticker

Account Code:
Client Name:
Address:
Phone:

▲Patient Name (First & Last)	▲ DOB ☐M ☐F	▲ Collect Date	▲ Collect Time	▲ Collector initials
▲Patient Address	▲ MRN #	▲ Hospital Status at specimen collection: ☐ Hospital Inpatient ☐ Hospital Outpatient ☐ Non-Hospital Outreach / Clinic Patient		
▲Patient City, State, Zip Code	▲ ☐ Bill Patient ☐ Bill Practice ☐ Medicare ☐ Medicaid			
▲Physician Name (First, MI, Last) PLEASE PRINT Dr. Adit Mahale, MD	▲ Insurance Policy and Address			
Physician Signature (Preferred)	▲ Responsible Party			

▲ DIAGNOSIS CODE: ICD-10 REQUIRED

When ordering tests for Medicare and Medicaid patients, please select only those tests that are medically necessary for diagnosis and treatment of the patient. Medicare does not pay for routine screening tests.

(1) (2) (3)

▲ INDICATES REQUIRED FIELD

TEST#	X	TUBE	TEST NAME
PRTXAB	X	RED	Pre-Transplant HLA Antibody Screen

REQUISITION INSTRUCTIONS

1. Send **one requisi** with **each p nt sample**
2. Fill requisition out in its entirety
3. ***Required informa on on requisi n:***
   - Patient's full name (Last Name, First Name), Address, and Second unique identifier (DOB and/or SSN)
   - Billing Information
   - Name of Ordering Physician – signature not required
   - Specimen collection date, time and collector initials
   - ICD-10 code(s) – no narratives permitted
   - Test(s) requested – please mark accordingly
   - Collect all tubes in the kit.

SPECIAL NOTE: The following information must be present on **both** the requisition **and** specimen tube – ***pa nt's full name, second unique iden er (SSN or DOB), and specimen collec n date/***
All samples must be labeled properly for testing to be completed.

KIT HANDLING INSTRUCTIONS

1. Label tube(s) with patient's full name, second unique identifier (SSN or DOB), and specimen collection date/time. Be sure to check the appropriate tests needed have been collected.
2. For PRA HLA Antibody Screen by Flow - Use Red Top Tube (5x) Inversion
3. Slide tube(s) into compartments of absorbent, place in biohazard bag, and seal.
4. Place silver insulated pouch into shipper kit box with the requisition.
5. Place the shipper kit box into the FedEx envelope.
6. Place pre-addressed return label on outside of FedEx envelope.
7. Call for FedEx Pickup.