

HLA/Immunogenetics Laboratory 145 Kimel Park Drive, Suite 250 Winston-Salem, NC 27103 PHONE: (336) 716-4456 FAX: (336) 774-7665

KIDNEY/PANCREAS TRANSPLANT CANDIDATE MONTHLY SERUM SCREEN REQUEST

Dialysis Cen	ter	
Addre	ess	
	ate	
	ne:	
	an:	
Patient Name	Date of Birth	Sensitizing Event is past month? Yes o

Please submit this form with the patient's monthly sample. Serum must be received by the HLA Laboratory within seven calendar days of collection. Sera which exceed this time limit will be deemed unacceptable by the laboratory.

Please ship samples via FedEx to HLA/Immunogenetics Laboratory at address above.