

University of North Carolina Hospitals
 Histocompatibility Laboratory
 Outpatient Requisition
 Chapel Hill, North Carolina 27514
 (919) 966-4057

Location Code: **TP1** Resource Group: **974**

Client's Name: _____
 Client's Address: _____
 Phone #: _____ / _____ - _____
 Fax #: _____ / _____ - _____

Patient's Full Name _____
(Please Print) Last First Middle

Date of Birth _____

UNC Medical Record # _____ Social Security # _____

Coll. Date	Coll. Time	Coll. By
Atten. MD	Pager #	MD Code
Ord. MD	Pager #	MD Code
<input checked="" type="checkbox"/>	Tissue Typing by Serology - Patient	CODE
	Renal Transplant Workup (HLA-ABC, HLA-DR, PRA, Auto Crossmatch)	4769
	Lung Transplant Workup (HLA-ABC, HLA-DR, PRA, Auto Crossmatch)	4768
	Heart Transplant Workup (HLA-ABC, HLA-DR, PRA, Auto Crossmatch)	4767
	Liver Transplant Workup (HLA-ABC, HLA-DR, PRA, Auto Crossmatch)	4766
	HLA-ABC	8346
	HLA-DR	8347
	Crossmatch Recipient, (Unseparated Cells)	4729
	Crossmatch T/B-Cells recipient	4731
	HLA Anitbody Screen, (PRA)	8350
	Flow Cytometry Crossmatch, Recipient	8397
	HLA-B27 by Flow Cytometry	4480
<input checked="" type="checkbox"/>	Tissue Typing by Serology - Donor	CODE
	Donor HLA-ABC Typing	8367
	Donor HLA-DR Typing	8368
	Donor Crossmatch, (Unseparated Cells)	4730
	Donor Crossmatch, T/B	4733
	Donor Flow Cytometry Crossmatch	8398
<input checked="" type="checkbox"/>	Tissue Typing by DNA (Molecular)	CODE
	Bone Marrow Patient Tx Workup	4773
	Bone Marrow Donor Workup	4774
Miscellaneous, (Other Tests)		

Check All Diagnoses That Apply		
<input checked="" type="checkbox"/>	DIAGNOSES	CODE
	Acquired Obstructive Uropathy	599.7
	Acute tubular Necrosis	584.5
	CG or IgA Nephropathy	583.89
	Complication in Transplanted Kidney	996.81
	Congenital Urologic Abnormalities	753.3
	Cyclosporin Toxicity, Unspecified	995.2
	Diabetic Renal Problems, Unspecified	250.4
	ESRD, Unspecified	585
	Evaluation of Potential Donor	V70.8
	FSGS	582.1
	Glomerulonephritis	582.9
	Hepatorenal Syndrome	572.4
	History of Renal CA	V10.52
	HUS	283.11
	Hypertensive Renal Disease with Failure	403.91
	Insulin Dependent Diabetes, Renal pbIm	205.41
	Interstitial Nephritis	582.89
	Late Effect of Injury to Kidney	908.1
	Late Effect of MVA	E929.0
	Lupus	710.0
	Medullary Cystic Disease	753.16
	Membranoanioproliferative Glomerulonephritis	581.2
	Nephrolitiasis	592
	Nephropathy in Lupus	582.81
	Polycystic Kidney Disease	753.1
	Proliferative Glomerulonephritis	583
	Pyelonephritis-Chronic	590.00
	Renal cell carcinoma	189.0
	Renal Dysplasia	753.2
	Reye's Syndrome	139.8
	Sarcoid	135.00
	Sickle Cell Disease	282.6
	Streptococcal Glomerulonephritis	580.0
	Tacrolimus Toxicity	E933.1
	TTP	446.6
	Urinary Tract Infection	599
	Vesicoureteral Reflux	593.73
	Wegener's Syndrome	446.4
Please write in unlisted diagnoses & codes:		

Medicare will only pay for services that it determines to be reasonable and necessary under section 1862A.1 of the Medicare Law. When ord physicians should order only those individual tests that are necessary for the diagnosis and treatment of a patient, rather than for screening pt

RETURN TO MICROBIOLOGY, TUBE STATION # 82

Revised 9/01

 Attending Physician Signature

 Date