Lab Dept: Serology
Test Name: HLA TYPING (HLA CLASS I and II)

General Information

Lab Order Codes: HLA

Synonyms: Class I and II Antigen Typing; Histocompatibility Testing; HLA Typing; Human Leukocyte Antigen Test; Tissue Typing; HLA – A, B, C, DR & DQ Typing, HLA Class I/II

CPT Codes: 81370 – HLA Class I and II typing, low resolution

Test Includes: Serological definition of all “A, B, C, DR, DQ” or Class I and II HLA antigen specificities currently recognized by WHO (World Health Organization)

Logistics

Test Indications: Bone marrow transplantation, HLA disease association studies, Organ transplantation, Transplant workup

Lab Testing Sections: Serology - Sendouts

Referred to: Fairview-University Diagnostic Laboratory – Immunology/Histocompatibility (Fairview code: IMM)

Phone Numbers: MIN Lab: 612-813-6280
STP Lab: 612-220-6550

Test Availability: Specimens are accepted Monday - Thursday, 24 hours; and on Fridays before 1:00 PM. Weekend collection is not recommended unless unavoidable.

Turnaround Time: Testing performed Monday - Friday. Results are reported within 2 weeks.

Special Instructions: Must include exact diagnosis: Solid Organ Recipient, Solid Organ Donor (with recipient noted), Bone Marrow Recipient, or Bone Marrow Donor.

Specimen

Specimen Type: Whole blood
Container: Lavender top tube
**Draw Volume:**
7 mL (Minimum: 2 mL) blood

**Processed Volume:**
Submit unprocessed whole blood in original Vacutainer®.

**Collection:**
Draw specimens according to the containers and amounts outlined above.

If the person being drawn is known to have a very low WBC count or is difficult to draw, contact the Laboratory to determine absolute minimum amounts of blood needed

**Special Processing:**
Lab Staff: Store and ship at room temperature. Do Not refrigerate or freeze. Must arrive Monday-Friday at Fairview University.

**Patient Preparation:**
Collect specimens prior to dialysis.

**Sample Rejection:**
Frozen; refrigerated; clotted specimen; mislabeled or unlabeled specimen

---

**Interpretive**

**Reference Range:**
Interpretive report generated

**Critical Values:**
N/A

**Limitations:**
N/A

**Methodology:**
Molecular PCR/SBT (Sequence based typing)

**References:**
Fairview University Diagnostic Laboratory August 2013

**Changes:**
11/21/2003: CPT codes updated due to method change, Method changed to Molecular typing, previously listed as cytoxicity.
3/1/2005: Changed tube type requirement, previously listed as yellow or green. Updated CPT coding for 2005 standards. Adjusted draw volume previously listed as 20 mL (Minimum:10 mL). Test description changed to reflect DQ and DR typings as being included in the testing.
5/12/2010: CPT codes updated
8/13/2013: CPT update