HLA LABORATORY

RUSH UNIVERSITY MEDICAL CENTER
RUSH MEDICAL LABORATORIES
CHICAGO, ILLINOIS 60612 (312) 942-2378
DIRECTOR: MARK POOL, MD

ORDERING PHYSICIAN: ____________________________________

DATE ______________ TIME ___________ DRAWN BY _________________

DATE ______________ TIME ___________ DRAWN BY _________________

PATIENT DIAGNOSIS (MANDATORY) ICD-10 CODE or NARRATIVE

☐ RESEARCH PATIENT NOT BILLED TO A FUND #, ENTER V70.7.

THIS SECTION TO BE COMPLETED FOR OUTPATIENTS ONLY

BILLING INFORMATION

BILL PATIENT **BILL INSURANCE** **ATTACH COMPLETED INSURANCE CLAIM FORM TO THIS REQ**

PATIENT ADDRESS			RESPONSIBLE PARTY (IF DIFFERENT THAN PATIENT)			SEX ☐ M ☐ F
CITY	STATE	ZIP CODE	ADDRESS	CITY	STATE	ZIP CODE
TELEPHONE	SOCIAL SECURITY#		TELEPHONE	DATE OF BIRTH		SOCIAL SECURITY#
EMPLOYER NAME	ADDRESS		CITY	STATE	ZIP CODE	TELEPHONE
INSURANCE PROVIDER	POLICY/MEMBER#		GROUP#	MEDICARE/MEDICAID# (CIRCLE ONE)		MEDICAID RECIPIENT#

ORDERING PHYSICIAN | U.P.I.N.

SEND ADDITIONAL REPORTS TO DOCTOR: | ADDRESS | CITY | STATE | ZIP CODE

STAT ☐ ROUTINE ☐ CALL STAT RESULTS TO: ( )

NOTE: If federal reimbursement will be sought for the ordered services, physicians must only order those tests that meet Medicare requirements for medical necessity. Medicare generally does not cover routine screening tests.

HISTOCOMPATIBILITY TESTING

SPECIMEN SOURCE: ❑ BLOOD ❑ BUCCAL SWAB ❑ LYMPH NODE ❑ SPLEEN

FOR INFORMATION CALL 312-942-8393. ALL TUBES MUST BE LABELED WITH NAME AND D.O.B.

HISTOCOMPATIBILITY TESTS	CPT
❑ **HLA CLASS I & II** [LRCOM]	81370
❑ **HLA CLASS I** [LRABC]	81372
❑ **HLA CLASS II** [LRDRQ]	81375
❑ **HIGH RESOLUTION CLASS I & II** [HRCOM]	81378
❑ **KIR GENOTYPING** [DKIR]	81479
❑ **SINGLE ANTIGEN** [B27, B51, B57, B58]	81374
SPECIFY ANTIGEN ______________	
❑ **CELIAC DX** [CELI]	81376
❑ **MICA** [MICA]	81479
❑ **HLA SOLID PHASE ANTIBODY SCREEN (PRA)** [ABSCR]	86828
IF POSITIVE, SPECIFICITY [SABI / II]	86832, 86833
❑ **DSA** [DSA]	86832, 86833

HISTOCOMPATIBILITY TESTS	CPT
❑ **HLA ALLO CROSSMATCH** [ALLOX]	86805x2
❑ **HLA AUTO CROSSMATCH** [AUTOX]	86825x2, 86826
❑ ENDOTHELIAL XM [ENDXM]	86805

SOLID ORGAN TRANSPLANTATION:

❑ **RECIPIENT** [RECSO]

❑ **DONOR** [DONSO]

❑ FOR ______________________________

❑ RELATIONSHIP ______________________

OTHER TESTS: Please print legibly one test per line.

RML FORM NO. 4008 (3/2026)

CPT codes are solely for informational purposes. Codes may vary by third party payors.