Wake Forest University Baptist
MEDICAL CENTER®
HLA/Immunogenetics Laboratory
145 Kimel Park Drive, Suite 250
Winston-Salem, NC 27103
PHONE: (336) 716-4456
FAX: (336) 774-7665
www1.wfubmc.edu/hla

KIDNEY/PANCREAS TRANSPLANT CANDIDATE MONTHLY SERUM SCREEN REQUEST

Dialysis Center _____

Address _____

City, State _____

Telephone: _____

Attending Physician: _____

Patient Name	SSN# / Medicare#	Date Drawn	Sensitizing Event in past month? Yes or No

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.