



City of Hope

HLA LABORATORY
1500 East Duarte Road
Duarte, CA 91010
Phone: (626) 256-8621
Fax: (626) 301-8888

If you are a Kaiser patient, please call (323) 783-1958 if you have any questions.

**PLEASE RETURN THIS SHEET TO
CITY OF HOPE NATIONAL MEDICAL CENTER
WITH YOUR SPECIMEN**

BE SURE YOUR SAMPLE IS LABELED!

Date: _____

To: _____ / _____
(Name) (Relationship)

Date of birth: _____

Patient ID# _____
Signed orders in patient's chart.

Type of Sample: *Please be sure your sample is labeled!*

Blood tubes

Saliva kit

Buccal swabs

WE CANNOT ACCEPT YOUR SPECIMEN IF IT IS NOT LABELLED!

FOR OFFICE USE ONLY

First Sample

Second Sample

ABS

Potential Donor