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CLIA ID # 31D0652894  
Director: Prakash Rao, PhD, MBA, FACHE, HCLD

Monthly Antibody Screen Requested (PRA)

Patient Name: \_\_\_\_\_

Patient SS#: \_\_\_\_\_ DOB: \_\_\_\_\_

Transplant Center: \_\_\_\_\_ Physician: \_\_\_\_\_

Dialysis Center: \_\_\_\_\_ Phone: \_\_\_\_\_

Specimen Date: \_\_\_\_\_ Time: \_\_\_\_\_ Phlebotomist: \_\_\_\_\_

Has the patient received a transfusion? \_\_\_\_\_ No \_\_\_\_\_ Yes  
If Yes, when? \_\_\_\_\_ Amount: \_\_\_\_\_ Product: \_\_\_\_\_

Nephrectomy:	No / Yes	Date: _____
Surgeries:	No / Yes	Date: _____
Infections:	No / Yes	Date: _____
Vaccinations:	No / Yes	Date: _____
Transplants:	No / Yes	Date: _____