

Patient ID: (assigned by patient registry)	Patient ID: (assigned by donor registry)
Donor ID:	
GRID number:	

SECTION A: Original typing from donor center

Locus:	First value:	Second value:	Date tested: (YYYY-MM-DD)	Testing method:
A				<input type="checkbox"/> DNA-SSP <input type="checkbox"/> DNA-SSO <input type="checkbox"/> DNA-SBT <input type="checkbox"/> Other:
B				<input type="checkbox"/> DNA-SSP <input type="checkbox"/> DNA-SSO <input type="checkbox"/> DNA-SBT <input type="checkbox"/> Other:
C				<input type="checkbox"/> DNA-SSP <input type="checkbox"/> DNA-SSO <input type="checkbox"/> DNA-SBT <input type="checkbox"/> Other:
DRB1				<input type="checkbox"/> DNA-SSP <input type="checkbox"/> DNA-SSO <input type="checkbox"/> DNA-SBT <input type="checkbox"/> Other:
DRB3/4/5				<input type="checkbox"/> DNA-SSP <input type="checkbox"/> DNA-SSO <input type="checkbox"/> DNA-SBT <input type="checkbox"/> Other:
DQA1				<input type="checkbox"/> DNA-SSP <input type="checkbox"/> DNA-SSO <input type="checkbox"/> DNA-SBT <input type="checkbox"/> Other:
DQB1				<input type="checkbox"/> DNA-SSP <input type="checkbox"/> DNA-SSO <input type="checkbox"/> DNA-SBT <input type="checkbox"/> Other:
DPA1				<input type="checkbox"/> DNA-SSP <input type="checkbox"/> DNA-SSO <input type="checkbox"/> DNA-SBT <input type="checkbox"/> Other:
DPB1				<input type="checkbox"/> DNA-SSP <input type="checkbox"/> DNA-SSO <input type="checkbox"/> DNA-SBT <input type="checkbox"/> Other:

SECTION A (continued): Discrepant typing received from transplant center

Locus:	First value:	Second value:	Date tested: (YYYY-MM-DD)	Testing method:
A				<input type="checkbox"/> DNA-SSP <input type="checkbox"/> DNA-SSO <input type="checkbox"/> DNA-SBT <input type="checkbox"/> Other:
B				<input type="checkbox"/> DNA-SSP <input type="checkbox"/> DNA-SSO <input type="checkbox"/> DNA-SBT <input type="checkbox"/> Other:
C				<input type="checkbox"/> DNA-SSP <input type="checkbox"/> DNA-SSO <input type="checkbox"/> DNA-SBT <input type="checkbox"/> Other:
DRB1				<input type="checkbox"/> DNA-SSP <input type="checkbox"/> DNA-SSO <input type="checkbox"/> DNA-SBT <input type="checkbox"/> Other:
DRB3/4/5				<input type="checkbox"/> DNA-SSP <input type="checkbox"/> DNA-SSO <input type="checkbox"/> DNA-SBT <input type="checkbox"/> Other:
DQA1				<input type="checkbox"/> DNA-SSP <input type="checkbox"/> DNA-SSO <input type="checkbox"/> DNA-SBT <input type="checkbox"/> Other:
DQB1				<input type="checkbox"/> DNA-SSP <input type="checkbox"/> DNA-SSO <input type="checkbox"/> DNA-SBT <input type="checkbox"/> Other:
DPA1				<input type="checkbox"/> DNA-SSP <input type="checkbox"/> DNA-SSO <input type="checkbox"/> DNA-SBT <input type="checkbox"/> Other:
DPB1				<input type="checkbox"/> DNA-SSP <input type="checkbox"/> DNA-SSO <input type="checkbox"/> DNA-SBT <input type="checkbox"/> Other:

Patient ID: <small>(assigned by patient registry)</small>	Patient ID: <small>(assigned by donor registry)</small>
Donor ID:	
GRID number:	

SECTION B: Donor center verification test results				
Locus:	First value:	Second value:	Date tested: <small>(YYYY-MM-DD)</small>	Testing method:
A				<input type="checkbox"/> DNA-SSP <input type="checkbox"/> DNA-SSO <input type="checkbox"/> DNA-SBT <input type="checkbox"/> Other:
B				<input type="checkbox"/> DNA-SSP <input type="checkbox"/> DNA-SSO <input type="checkbox"/> DNA-SBT <input type="checkbox"/> Other:
C				<input type="checkbox"/> DNA-SSP <input type="checkbox"/> DNA-SSO <input type="checkbox"/> DNA-SBT <input type="checkbox"/> Other:
DRB1				<input type="checkbox"/> DNA-SSP <input type="checkbox"/> DNA-SSO <input type="checkbox"/> DNA-SBT <input type="checkbox"/> Other:
DRB3/4/5				<input type="checkbox"/> DNA-SSP <input type="checkbox"/> DNA-SSO <input type="checkbox"/> DNA-SBT <input type="checkbox"/> Other:
DQA1				<input type="checkbox"/> DNA-SSP <input type="checkbox"/> DNA-SSO <input type="checkbox"/> DNA-SBT <input type="checkbox"/> Other:
DQB1				<input type="checkbox"/> DNA-SSP <input type="checkbox"/> DNA-SSO <input type="checkbox"/> DNA-SBT <input type="checkbox"/> Other:
DPA1				<input type="checkbox"/> DNA-SSP <input type="checkbox"/> DNA-SSO <input type="checkbox"/> DNA-SBT <input type="checkbox"/> Other:
DPB1				<input type="checkbox"/> DNA-SSP <input type="checkbox"/> DNA-SSO <input type="checkbox"/> DNA-SBT <input type="checkbox"/> Other:

<input type="checkbox"/> The result has not been resolved and should be referred to a 3 rd party reference laboratory.
<input type="checkbox"/> The discrepant typing result has been resolved as: <div style="text-align: center; margin-left: 150px;"> <input type="checkbox"/> Donor center error <input type="checkbox"/> Transplant center error </div>
Clerical error:
Technical error:

Donor center representative:	Date: (YYYY-MM-DD)	Donor center signature:
Transplant center representative:	Date: (YYYY-MM-DD)	Transplant center signature: