

F30

FINAL COMPATIBILITY TEST RESULTS

PATIENT DATA	
Patient name:	
Patient registry:	
Transplant center:	
Patient ID: (assigned by patient registry)	Patient ID: (assigned by donor registry)

PATIENT HLA TYPING RESULTS (or attach copy of laboratory report, but please indicate clearly patient ID & donor ID)			
Are patient typing results the same as in previous reports? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please enter date previous report was sent: (YYYY-MM-DD)			
Locus:	First value:	Second value:	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 DATA	
Patient name:	
Patient ID: (assigned by patient registry)	Patient ID: (assigned by donor registry)

DONOR DATA
Donor registry:
Donor ID:
GRID number:

DONOR HLA TYPING RESULTS (or attach copy of laboratory report, but please indicate clearly patient ID & donor ID)

Are donor typing results the same as in previous reports? Yes No If yes, please enter date previous report was sent: (YYYY-MM-DD)

Locus:	First value:	Second value:	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:		

Person completing form:	Date: (YYYY-MM-DD)	Signature:
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