

## PRELIMINARY SEARCH REQUEST

Date of request: (YYYY-MM-DD)		Type of search to be performed:		Is this search urgent? <input type="checkbox"/> Yes <input type="checkbox"/> No	
				Are mismatches accepted? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Patient name:			Patient ID: (assigned by requesting registry)		
Date of birth: (YYYY-MM-DD)		Gender:	Weight: (kg)	CMV:	Blood group Rh/D:
Diagnosis:				Time of diagnosis: (YYYY-MM)	
Phenotype number (optional):				Race (optional):	

PATIENT HLA					
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:		

Requesting institution:	
Coordinator:	
Phone:	Fax:
E-mail:	
Transplant center:	

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