

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

DONOR DATA
Donor registry:
Donor ID:
GRID number:
Testing laboratory:
Test date: (YYYY-MM-DD)
Was typing discrepant from the original typing reported by the donor registry? <input type="checkbox"/> Yes <input type="checkbox"/> No

SECTION A: TO BE COMPLETED BY THE DONOR REGISTRY

Locus:	First allele:	Second allele:	Testing method:
Donor class I typing test results (or attach copy of laboratory report, but be sure to indicate clearly patient ID & donor ID)			
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:
Donor class II typing test results (or attach copy of laboratory report, but be sure to indicate clearly patient ID & donor ID)			
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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If form is not returned, donor will be released in _____ days.

SECTION B: TO BE COMPLETED BY THE TRANSPLANT CENTER/RECEIVING REGISTRY		
<input type="checkbox"/> Reserve donor	<input type="checkbox"/> Donor under consideration, do NOT release	<input type="checkbox"/> Proceed to workup
Reason:		
Anticipated transplant date: (YYYY-MM-DD)		(Formal request forms attached)
Person completing form:	Date: (YYYY-MM-DD)	Signature:

Comments:

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