

PATIENT DATA	
Patient name:	
Patient registry:	
Transplant center:	
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	

Locus:	First value:	Second value:	Testing method:
Donor class I typing 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 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:

CONCLUSION		
<input type="checkbox"/> Release donor	Reason:	
<input type="checkbox"/> Donor under consideration, do NOT release	Anticipated transplant date: (YYYY-MM-DD)	Please reserve until: (YYYY-MM-DD)
<input type="checkbox"/> Proceed to workup	(Please attach formal request forms)	
Comment:		
Transplant center representative:	Date: (YYYY-MM-DD)	Signature: