

PATIENT DATA	
Patient first name:	Patient last name:
Patient registry:	
Transplant centre:	
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?  Yes  No If yes, please enter date previous report was sent: (YYYY-MM-DD)

Locus:	First value:	Second value:	Testing method:		
A			<input type="radio"/> DNA-SSP	<input type="radio"/> DNA-SSO	<input type="radio"/> DNA-SBT
			<input type="radio"/> Other:		
B			<input type="radio"/> DNA-SSP	<input type="radio"/> DNA-SSO	<input type="radio"/> DNA-SBT
			<input type="radio"/> Other:		
C			<input type="radio"/> DNA-SSP	<input type="radio"/> DNA-SSO	<input type="radio"/> DNA-SBT
			<input type="radio"/> Other:		
DRB1			<input type="radio"/> DNA-SSP	<input type="radio"/> DNA-SSO	<input type="radio"/> DNA-SBT
			<input type="radio"/> Other:		
DRB3/4/5			<input type="radio"/> DNA-SSP	<input type="radio"/> DNA-SSO	<input type="radio"/> DNA-SBT
			<input type="radio"/> Other:		
DQA1			<input type="radio"/> DNA-SSP	<input type="radio"/> DNA-SSO	<input type="radio"/> DNA-SBT
			<input type="radio"/> Other:		
DQB1			<input type="radio"/> DNA-SSP	<input type="radio"/> DNA-SSO	<input type="radio"/> DNA-SBT
			<input type="radio"/> Other:		
DPA1			<input type="radio"/> DNA-SSP	<input type="radio"/> DNA-SSO	<input type="radio"/> DNA-SBT
			<input type="radio"/> Other:		
DPB1			<input type="radio"/> DNA-SSP	<input type="radio"/> DNA-SSO	<input type="radio"/> DNA-SBT
			<input type="radio"/> Other:		

PATIENT DATA	
Patient first name:	Patient last name:
Patient ID: <small>(assigned by patient registry)</small>	Patient ID: <small>(assigned by donor registry)</small>

DONOR DATA	
Donor registry:	ION:
Donor ID:	
GRID:	

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?		<input type="radio"/> Yes <input type="radio"/> No		If yes, please enter date previous report was sent: (YYYY-MM-DD)	
Locus:	First value:	Second value:	Testing method:		
A			<input type="radio"/> DNA-SSP	<input type="radio"/> DNA-SSO	<input type="radio"/> DNA-SBT
			<input type="radio"/> Other:		
B			<input type="radio"/> DNA-SSP	<input type="radio"/> DNA-SSO	<input type="radio"/> DNA-SBT
			<input type="radio"/> Other:		
C			<input type="radio"/> DNA-SSP	<input type="radio"/> DNA-SSO	<input type="radio"/> DNA-SBT
			<input type="radio"/> Other:		
DRB1			<input type="radio"/> DNA-SSP	<input type="radio"/> DNA-SSO	<input type="radio"/> DNA-SBT
			<input type="radio"/> Other:		
DRB3/4/5			<input type="radio"/> DNA-SSP	<input type="radio"/> DNA-SSO	<input type="radio"/> DNA-SBT
			<input type="radio"/> Other:		
DQA1			<input type="radio"/> DNA-SSP	<input type="radio"/> DNA-SSO	<input type="radio"/> DNA-SBT
			<input type="radio"/> Other:		
DQB1			<input type="radio"/> DNA-SSP	<input type="radio"/> DNA-SSO	<input type="radio"/> DNA-SBT
			<input type="radio"/> Other:		
DPA1			<input type="radio"/> DNA-SSP	<input type="radio"/> DNA-SSO	<input type="radio"/> DNA-SBT
			<input type="radio"/> Other:		
DPB1			<input type="radio"/> DNA-SSP	<input type="radio"/> DNA-SSO	<input type="radio"/> DNA-SBT
			<input type="radio"/> Other:		

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