S20

# REQUEST FOR EXTENDED DONOR HLA TYPING



☐ Urgent request

| PATIENT DATA | |
|---|---|
| Patient first name: | Patient last name: |
| Patient registry: | |
| Diagnosis: | |
| Patient ID: (assigned by patient registry) | Patient ID: (assigned by donor registry) |
| Date of birth: (YYYY-MM-DD) | |

| Requesting institution: | Invoice(s) to be sent to: |
|---|---|
| Institution: | Institution: |
| Address: | Address: |
| ZIP code: | ZIP code: |
| City: | City: |
| Country: | Country: |
| Attention: | Attention: |
| Phone: | Phone: |
| Fax: | Fax: |
| E-mail: | E-mail: |

**PATIENT HLA**

| Locus: | First value: | Second value: | Testing method: |
|---|---|---|---|
| A | | | ◯ DNA-SSP ◯ DNA-SSO ◯ DNA-SBT |
| | | | ◯ Other: |
| B | | | ◯ DNA-SSP ◯ DNA-SSO ◯ DNA-SBT |
| | | | ◯ Other: |
| C | | | ◯ DNA-SSP ◯ DNA-SSO ◯ DNA-SBT |
| | | | ◯ Other: |
| DRB1 | | | ◯ DNA-SSP ◯ DNA-SSO ◯ DNA-SBT |
| | | | ◯ Other: |
| DRB3/4/5 | | | ◯ DNA-SSP ◯ DNA-SSO ◯ DNA-SBT |
| | | | ◯ Other: |
| DQA1 | | | ◯ DNA-SSP ◯ DNA-SSO ◯ DNA-SBT |
| | | | ◯ Other: |
| DQB1 | | | ◯ DNA-SSP ◯ DNA-SSO ◯ DNA-SBT |
| | | | ◯ Other: |
| DPA1 | | | ◯ DNA-SSP ◯ DNA-SSO ◯ DNA-SBT |
| | | | ◯ Other: |
| DPB1 | | | ◯ DNA-SSP ◯ DNA-SSO ◯ DNA-SBT |
| | | | ◯ Other: |

WMDA

Reset Form

S20

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☐ Urgent request

| PATIENT DATA | |
|---|---|
| Patient first name: | Patient last name: |
| Patient registry: | |
| Diagnosis: | |
| Patient ID: (assigned by patient registry) | Patient ID: (assigned by donor registry) |
| Date of birth: (YYYY-MM-DD) | |

| HLA TYPING REQUEST DONOR 1,2,3 | | | |
|---|---|---|---|
| Donor ID: | | | |
| GRID: | | | |
| A | ☐ ▼ | ☐ ▼ | ☐ ▼ |
| B | ☐ ▼ | ☐ ▼ | ☐ ▼ |
| C | ☐ ▼ | ☐ ▼ | ☐ ▼ |
| DRB1 | ☐ ▼ | ☐ ▼ | ☐ ▼ |
| DRB3/4/5 | ☐ ▼ | ☐ ▼ | ☐ ▼ |
| DQA1 | ☐ ▼ | ☐ ▼ | ☐ ▼ |
| DQB1 | ☐ ▼ | ☐ ▼ | ☐ ▼ |
| DPA1 | ☐ ▼ | ☐ ▼ | ☐ ▼ |
| DPB1 | ☐ ▼ | ☐ ▼ | ☐ ▼ |

| HLA TYPING REQUEST DONOR 4,5 | | |
|---|---|---|
| Donor ID: | | |
| GRID: | | |
| A | ☐ ▼ | ☐ ▼ |
| B | ☐ ▼ | ☐ ▼ |
| C | ☐ ▼ | ☐ ▼ |
| DRB1 | ☐ ▼ | ☐ ▼ |
| DRB3/4/5 | ☐ ▼ | ☐ ▼ |
| DQA1 | ☐ ▼ | ☐ ▼ |
| DQB1 | ☐ ▼ | ☐ ▼ |
| DPA1 | ☐ ▼ | ☐ ▼ |
| DPB1 | ☐ ▼ | ☐ ▼ |

| Comments: |
|---|
| |

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

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Reset Form