

CONFIRMATORY / EXTENDED HLA TYPING REQUEST



Send the completed form to search@scbb.com.sg

Patient's Name : _____ Patient's ID. : _____

Transplant Centre : _____ Patient's DOB : _____
(dd/mmm/yyyy)

Confirmatory / Verification HLA Typing

Confirmatory / Verification HLA typing of a CBU is only performed once and shall be performed before it is released for transplant. When a CBU is requested for CT/VT, high resolution (HR) HLA typing shall be performed using a sample from an attached (contiguous) segment (where available) on loci A, B, C, DRB1 and DQB1.

If additional loci needed please select **HLA-DPB1**; **HLA- DRB3,4,5**

CBU ID	1.	2.	3.	4.

Extended HLA Typing

Extended typing is usually performed using a reference sample to have higher resolution of specific HLA and DOES NOT replace confirmatory / verification typing. Any requests for typing on a locus that has already been typed at the specified resolution will be rejected.

CBU ID	HLA-A	HLA-B	HLA-C	HLA-DRB1	HLA-DQB1	HLA-DPB1	HLA-DRB3,4,5
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Billing Details

Name : _____ Tel. : _____

Address : _____

Email : _____

Requestor Name : _____ Signature _____

Email : _____ Date _____

Registry / Transplant Centre : _____