



REQUEST FOR FURTHER DNA BASED DONOR TYPING

TO:

PATIENT DATA:

Patient name:
D. O. B.: (month/day/year)
Patient ID number: (assigned by patient's registry)
Patient ID number: (assigned by donor's registry)

PATIENT'S HLA TYPING (if not previously submitted):

Class I:			Class II (low resolution):		
A*	B*	C*	DR	DRW	DQ
A*	B*	C*	DR	DRW	DQ
Class I and II (high resolution):					
A*	B*	C*	DR	DRW	DQ
A*	B*	C*	DR	DRW	DQ

DONOR IDENTIFICATION(S)

1	
2	
3	
4	
5	
6	
7	

LOCI TO BE TYPED:

A	(high resolution)	<input type="checkbox"/>
B	(high resolution)	<input type="checkbox"/>
Cw	(high resolution)	<input type="checkbox"/>
DRB1	(high resolution)	<input type="checkbox"/>
DRB3	(high resolution)	<input type="checkbox"/>
DRB4	(high resolution)	<input type="checkbox"/>
DRB5	(high resolution)	<input type="checkbox"/>
DQB1	(high resolution)	<input type="checkbox"/>
DPB1	(high resolution)	<input type="checkbox"/>

Signature:	Date (month/day/year):
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