



FORMAL COLLECTION REQUEST / PATIENT AND DONOR DETAILS

PATIENT HLA TYPING:

Patient name:											
Patient ID number:				Date of birth: (day / month / year)				Sex:			
CMV:				Blood group:				Weight: kg.			
Serology:	A	A	B	B	Cw	Cw	DR	DR	DQ	DQ	
DNA Typing:											
A*	B*	Cw*	DRB1*	DRB 3/4/5		DQB1*		DPB1			
A*	B*	Cw*	DRB1*	DRB 3/4/5		DQB1*		DPB1			

PATIENT CLINICAL CONDITION:

<p>Diagnosis & current disease stage</p> <p>Describe patient clinical condition</p> <p>This work-up is considered: <input type="checkbox"/> Urgent <input type="checkbox"/> Standard</p>

DONOR CONFIRMATORY TYPING:

Donor ID #:				Date of birth: (date / month / year)				Sex:			
CMV:				Blood group:				Weight: kg.			
Serology:	A	A	B	B	Cw	Cw	DR	DR	DQ	DQ	
DNA Typing:											
A*	B*	Cw*	DRB1*	DRB 3/4/5		DQB1*		DPB1			
A*	B*	Cw*	DRB1*	DRB 3/4/5		DQB1*		DPB1			

Person Completing Form:	Signature:	Date: (day/month/year)
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