**HLA TYPING REQUEST**

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| Date of search: |
| Patient name:  | Patient ID:  |
| Date of birth: | Gender (M or F): | CMV: | Blood Group Rh/D: |
| Diagnosis:  | Time of diagnosis:  |

|  |
| --- |
| **PATIENT HLA** |
| Locus: | First antigen: | Second antigen: |
| A |  |  |
| B |  |  |
| C |  |  |
| DRB1 |  |  |
| DQB1 |  |  |
| DPB1 |  |  |

|  |  |  |
| --- | --- | --- |
|  |  |  |
|  | **ID:**  | **ID:**  | **ID:**  | **ID:**  | **ID:**  | **ID:**  |
|  | **A\*** | **B\*** | **Cw\*** | **DRB1\*** | **DQB1\*** | **DPB1\*** |
| **High** |  [ ]  Yes [ ]  No |  [ ]  Yes [ ]  No |  [ ]  Yes [ ]  No |  [ ]  Yes [ ]  No |  [ ]  Yes [ ]  No |  [ ]  Yes [ ]  No |

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| --- |
| Transplant center: |
| Requesting registry: | Coordinator: |
| Phone: | Fax: | E-mail: |
| Date of request: | Signature: |