**HLA TYPING REQUEST**

|  |  |  |  |
| --- | --- | --- | --- |
| 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 |

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