**CONFIRMATORY TYPING REQUEST**

|  |  |  |  |
| --- | --- | --- | --- |
| Date of search:  April 18, 2022 | | | |
| 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 |  |  |

**BLOOD SAMPLE REQUIREMENTS**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | | **ID:** | **ID:** | **ID:** | **ID:** |
| **TUBE** | **MILLILITERS** | **QUANTITY** | **QUANTITY** | **QUANTITY** | **QUANTITY** |
| **EDTA** |  |  |  |  |  |
| **ACD** |  |  |  |  |  |
| **HEPARIN** |  |  |  |  |  |
| **CLOTTED** |  |  |  |  |  |
| **SERUM** |  |  |  |  |  |

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