agence de la biomédecine

DONOR HLA CONFIRMATORY TYPING RESULTS

(performed by the Transplant Centre)

PATIENT	Last name: ______ *(first 3 letters)* First name: ______ *(first 3 letters)* Patient ID: ______ Int. Registry: ______

DONOR	Donor ID: ______ GRID: ______ Int. Registry: France Greffe de Moelle

CONFIRMATORY TYPINGS

DONOR CLASS I ❑ not controlled
❑ controlled ⟶ ❑ confirmed ❑ not confirmed

DONOR CLASS I

A* ___:___:___:___	A* ___:___:___:___	Date:
B* ___:___:___:___	B* ___:___:___:___	___/___/___
C* ___:___:___:___	C* ___:___:___:___	(dd/mm/yy)

PATIENT CLASS II

DRB1* ___:___:___:___ ___	DRB1* ___:___:___:___ ___	
DRB3* ___:___:___:___ ___	DRB3* ___:___:___:___ ___	Date:
DRB4* ___:___:___:___ ___	DRB4* ___:___:___:___ ___	___/___/___
DRB5* ___:___:___:___ ___	DRB5* ___:___:___:___ ___	(dd/mm/yy)
DQB1* ___:___:___:___ ___	DQB1* ___:___:___:___ ___	
DPB1* ___:___:___:___	DPB1* ___:___:___:___	

DONOR CLASS II

DRB1* ___:___:___:___ ___	DRB1* ___:___:___:___ ___	
DRB3* ___:___:___:___ ___	DRB3* ___:___:___:___ ___	Date:
DRB4* ___:___:___:___ ___	DRB4* ___:___:___:___ ___	___/___/___
DRB5* ___:___:___:___ ___	DRB5* ___:___:___:___ ___	(dd/mm/yy)
DQB1* ___:___:___:___ ___	DQB1* ___:___:___:___ ___	
DPB1* ___:___:___:___	DPB1* ___:___:___:___	

❑ **DONOR SELECTED / ESTIMATED TRANSPLANT DATE**: ______
❑ **DONOR RELEASED**

Date: ___ / ___ / ___ *(dd/mm/yy)*

Person completing the form: ______ Signature: ______

Results to be sent to:
FRANCE GREFFE DE MOELLE Registry Fax: +33-1-49 98 38 71 *or*
E-mail: coordination.fgm@biomedecine.fr

WMDA Accredited