IPST | Instituto Português do Sangue e da Transplantação, IP

HLA TYPING REQUEST

Registo Português de Dadores de Medula Óssea
Portuguese Bone Marrow Donors Registry
CEDACE

IMP.3272.2

Página 1 de 1

To:		Patient:	
		Name:	
		Date of Birth:	
		Patient Registry:	

Patient's HLA Typing

Class – I			Class - II (low resolution)		
A	B	C	DR	DRw	DQ

Class – II (high resolution)

DRB1	DRB3	DRB4	DRB5	DQB1	DPB1

Donor GRID(s)

Loci to be Typed	
HLA – A (Intermediate resolution)	
HLA – B (Intermediate resolution)	
HLA – C (Intermediate resolution)	
HLA – DR Intermediate resolution)	
HLA – DQ (Intermediate resolution)	
HLA – A (High resolution)	
HLA – B (High resolution)	
HLA – C (High resolution)	
HLA – DR (High resolution)	
HLA – DQ (High resolution)	

Invoice Address

Date: _____/_____/_____   Signature: _____

IMP.12.4

FORM. A4

Documento controlado em suporte eletrónico visível em navegador da Web do IPST, IP (endereço da base de dados Achiever plus). Documento não controlado em suporte papel.