

## PRELIMINARY SEARCH REQUEST

CEDACE Patient ID code

Patient Name:	_____									
Patient Registry:	_____				Patient Local ID:	_____				
Gender:	_____				Date of Birth:	_____				
Diagnosis:	_____									
Donor Registry:	_____									

### Patient HLA Typing

#### Serology Typing

<b>Serology</b>	A	A	B	B	C	C	DR	DR	DQ	DQ

#### DNA Typing

A	B	C	DRB1	DRB 3/4/5	DQB1	DPB1
A	B	C	DRB1	DRB 3/4/5	DQB1	DPB1

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Signature: \_\_\_\_\_