



*Molecular typing
request*

The TC:.....

requests for the patient (name):.....

with the following HLA typing

Patient HLA typing class I-II:

	A*	B*	Cw*
First allele:			
Second allele:			

	DRB1*	DRB3*/4/5	DQB1*
First allele:			
Second allele:			

the following services on the donor codes:

.....

- molecular typing (*please, specify*)

- | | | |
|----------------|----|----|
| HLA –A* | LR | HR |
| HLA –B * | LR | HR |
| HLA –Cw* | LR | HR |
| HLA –DRB1* | | HR |
| HLA –DRB3/4/5* | | HR |
| HLA –DQB1* | | HR |
| HLA –DQA1* | | HR |
| HLA –DPB1* | | HR |
| HLA –DPA1* | | HR |

- laboratory tests (*please, specify*)

- CMV
- AB0/Rh
- Other (specify):

Date: (mm/dd/yyyy)

Signature: