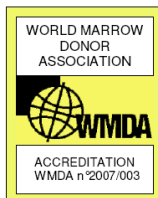


n° : _____ Date: ____/____/____



*Blood sample
shipment request*

The TC

requires for the patient (First and last name):.....

Patient HLA typing class I:

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

Patient HLA typing class II:

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

to organize the **arriving** of a blood sample on:
(suggested date: mm/dd/yyyy) (alternative date)

from the donor(s):.....
(identification code/s)

Peripheral blood sample specimens:

.....mLs EDTAmLs ACD
.....mLs HeparinmLs Clotted
Other:.....mLs	

Notification of arrival of blood samples:
(please, state number of days advanced warning required)

➔

Shipping Address

To send to (contact person):

Institute:

Address:

City: Country:

Fax: Phone.:

Date:

Signature:.....