



Confirmatory typing results
- Adult donor-

n° : _____ Date: ___/___/___

To be completed by the EFI/ASHI certified laboratory that has performed the HLA typing using a donor's new typing sample

Transplant Center (Code).....

Unrelated donor code:.....

Patient (Last and first name):.....

Date of receipt of the sample: (mm/dd/yyyy) Typing date:(mm/dd/yyyy)

Donor HLA typing class I:

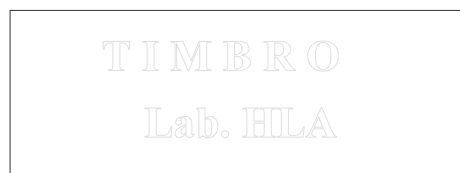
	A*	B*	C*
First allele:			
Second allele:			

Donor HLA typing class II:

	DRB1*	DRB3/4/5*	DQA1*
First allele:			
Second allele:			

	DQB1*	DPA1*	DPB1*
First allele:			
Second allele:			

Performed by (Lab supervisor's signature):



To be completed by the Transplant Center

Donor released

Please reserve the donor for 3 months

Donor selected for donation (provide the HSC prescription) ⇨ **Suggested collection date:**

Physician signature: **Date:**.....(mm/dd/yyyy)