

n° : \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_



*Confirmatory typing results*  
*- Recipient -*

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

**Transplant Center** (Code).....

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

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

**Recipient HLA typing class I:**

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

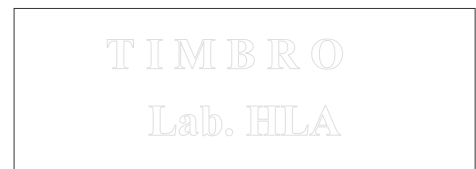
**Recipient HLA typing class II:**

	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

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