

n° : _____ Data: ___ / ___ / ___



HLA typing results
- HPC-cord blood unit-

To be completed by the TC's EFI/ASHI certified laboratory that has performed the HLA typing on an attached sample of the unit (if available) or on a satellite sample.

Transplant Center (Code).....

HPC-Cord Blood Unit code:.....

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

Typed of sample used for the HLA typing:

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

HPC-Cord Blood HLA typing class I:

	A*	B*	C*
Primo allele:			
Secondo allele:			

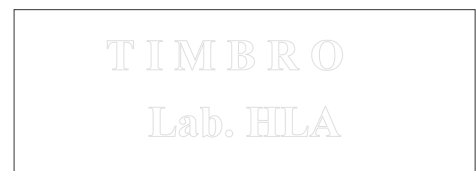
HPC-Cord Blood HLA typing class II:

	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 CBB supervisor

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