Reset

Italian Bone Marrow Donor Registry

Form RC307-don *(V7 1/1 Aug. 2024)*

WMDA Accredited

Confirmatory typing results - Adult donor-

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 (GRID):……

Patient ID:……

Sample received on:……..…… . (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:			

Tissue typing lab EFI or ASHI code:……..

Director/ designated person

(name and last name): ……..…..

Stamp and signature

To be completed by the Transplant Center

☐ **Donor released**

☐ **Please reserve the matched donor for 3 months**

☐ **Please proceed with the HAC**

☐ **Donor selected for donation (**provide the HPC prescription)⇨**Suggested collection date:** ……

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

Remarks:……

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