Reset

Italian Bone Marrow Donor Registry

Form RC307-rec *(V6 1/1 Aug 2024)*

WMDA Accredited

Confirmatory typing results - Recipient -

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

Transplant Center (Code)……..……..……

Patient ID:……..

Sample received on:……..…… .(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:			

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

Director/ designated person

(name and last name): ……..…..

Stamp and signature

To be completed by the Transplant Center

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

Remarks:……