



The TC:.....
requests for the patient (patient ID):.....

Patient HLA typing:

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

| | DRB1* | DRB3*/4/5 | DQB1* |
|----------------|-------|-----------|-------|
| First allele: | | | |
| Second allele: | | | |

the following services on the donors:

- 1) GRID..... 2) GRID.....

- molecular typing (*please, specify*)

- | | |
|----------------|----|
| HLA –A* | HR |
| HLA –B * | HR |
| HLA –C* | HR |
| HLA –DRB1* | HR |
| HLA –DRB3/4/5* | HR |
| HLA –DQB1* | HR |
| HLA –DQA1* | HR |
| HLA –DPB1* | HR |
| HLA –DPA1* | HR |

- laboratory tests (*please, specify*)

- CMV (IgG and IgM)
- AB0/Rh
- IDMs (Serological Test for syphilis, Anti-HCV, Anti-HbsAg, Anti CMV – IgG and IgM, Anti-HIV 1/2)
- Other (specify):

Health and Availability Check

Date: (mm/dd/yyyy)

Signature: