



**Patient data**

Patient ID: ..... Date of birth (mm/dd/yyyy): .....

Sex: M F Weight: .....Kg Diagnosis: .....

Patient HLA Typing	A*	B*	C*	DRB1*	DRB3*	DRB4*	DRB5*	DQB1*

**Requesting Center** .....

**Institution in charge of the payment** .....

Address:.....

City: ..... Zip Code: ..... Country .....

Tel: ..... Fax :..... Email:.....

**HPC-CBU request**

HPC-CBU identification code/s:.....

Typing request	
HLA –A	HR
HLA –B	HR
HLA –C	HR
HLA –DRB1	HR
HLA –DQB1	HR
Other (specify).....	

Unit report
<p><b>Unit reservation*</b></p> <p>*Please provide the transplant schedule:</p> <p>.....</p> <p>.....</p>
<p><b>Other (Specify):</b>.....</p> <p>.....</p>

Date of request : .....

Signature:.....