



*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:.....

Date of receipt of the sample: ..... ( 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:			

**Performed by** (Lab supervisor's 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 HSC prescription) ⇔ **Suggested collection date:** .....

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

Remarks:.....