



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:.....

Date of receipt of the sample: (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:			

Performed by (Lab supervisor's signature):

.....

TIMBRO
Lab. HLA

To be completed by the Transplant Center

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

Remarks:.....