VÍDEŇSKÁ 1958 / 9
140 21 PRAHA 4 – KRČ
CZECH REPUBLIC

IKEM

INSTITUTE FOR CLINICAL AND EXPERIMENTAL MEDICINE
CZECH STEM CELLS REGISTRY

REQUEST FOR HLA TYPING

Patient last name	ID	
First name	Date of birth dd/mm/yyyy	

Number and identification of donors				
ID of donors	**Loci to be typed:**			
	Low resolution		**High resolution**	
	A	☐	A	☐
	B	☐	B	☐
	C	☐	C	☐
	DRB1	☐	DRB1 + DQB1	☐
	DQB1	☐	DRB1/B3/4/5	☐
Comments			DQB1	☐
			DRB1+DQB1	☐

Result to be sent to	
Address	
Contact person	
Tel./Fax	E-mail

Referring physician	
Signature	Date

Address:
Institute for Clinical and Experimental Medicine
Czech Stem Cells Registry – Bldg. Z4
Vídeňská 1958/9
140 21 Prague 4
Czech Republic

PRAGUE CSCR

ISO 9001 REGISTERED
DNV
MGMT. SYS. RvA C 024
DNV Certification B.V., The Netherlands

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