

RESULTS OF HLA TYPING

Patient last name				Date of birth			
First name				ID local		ID	
Class - I	A*	A*	B*	B*	Cw*	Cw*	
Class - II	DRB1*		DRB3/4/5/*		DQB1*		DPB1*
	DRB1*		DRB3/4/5/*		DQB1*		DPB1*

Donor ID	Requested on:		Typing requested:	
A	B	Cw	Class-I low resolution	
A	B	Cw	<input type="checkbox"/> <i>serology</i> <input type="checkbox"/> <i>other</i>	
A*	B*	Cw*	Class-I high resolution	
A*	B*	Cw*	<input type="checkbox"/> <i>DNA based</i> <input type="checkbox"/> <i>other</i>	
DRB1*	DQB1*		Class-II low resolution	
DRB1*	DQB1*		<input type="checkbox"/> <i>DNA based</i> <input type="checkbox"/> <i>other</i>	
DRB1*	DRB3*	DRB4*	DRB5*	Class-II high res.
DRB1*	DRB3*	DRB4*	DRB5*	
DQA*	DQB1*	DPA1*	DPB1*	<input type="checkbox"/> <i>PCR-SSO</i>
DQA*	DQB1*	DPA1*	DPB1*	<input type="checkbox"/> <i>other</i>

From:	
Name	
Tel./Fax	E-mail
Address	
Signature	Date