Ministry of Health



National Registry of Hematopoietic Stem Cells

F30

FINAL COMPATIBILITY TEST RESULTS

PATIENT DATA							
Patient first name:			Patient last name:				
Patient registry:							
Transplant centre:							
Patient ID:			Patient ID:				
(assigned by patient registry)			(assigned by donor registry)				
PATIENT HLA TYPING RESULTS (or attach copy of laboratory report, but please indicate clearly patient ID & donor ID)							
Are natient typing results							
the same as in previous reports? (Yes No If ves, please enter date previous report was sent: (YYYY-MM-DD)							
Locus:	First value:	Second value:		Testing method	:		
A			O DNA-SSP	O DNA-SSO	O DNA-SBT		
			Other:				
В			O DNA-SSP	🔘 DNA-SSO	O DNA-SBT		
Б			Other:				
С			O DNA-SSP	O DNA-SSO	O DNA-SBT		
C			Other:		·		
DRB1			O DNA-SSP	O DNA-SSO	O DNA-SBT		
DIGI			Other:				
DRB3/4/5			O DNA-SSP	O DNA-SSO	O DNA-SBT		
DRB3/4/5			Other:				
DQA1			O DNA-SSP	O DNA-SSO	O DNA-SBT		
			Other:				
DQB1			O DNA-SSP	O DNA-SSO	O DNA-SBT		
			Other:				
DPA1			O DNA-SSP	O DNA-SSO	O DNA-SBT		
			Other:				
DPB1			O DNA-SSP	O DNA-SSO	O DNA-SBT		
			○ Other:				

Ministry of Health



Hematopoietic Stem Cells **Voluntary Donors**

F30

FINAL COMPATIBILITY TEST RESULTS

PATIENT DATA								
Patient first na	me:		Patient last name:					
Patient ID:			Patient ID:					
(assigned by patient registry)			(assigned by donor registry)					
DONOR DATA								
Donor registry:					ION:			
Donor ID:								
GRID:								
DONOR HLA TYPING RESULTS (or attach copy of laboratory report, but please indicate clearly patient ID & donor ID)								
Are donor typing results the Same as in previous reports? Ves No If yes, please enter date previous report was sent: (YYYY-MM-DD)								
Locus:	First value:	Second value:	Testing method:					
A			O DNA-SSP	O DNA-SSO	O DNA-SBT			
			Other:					
В			O DNA-SSP	O DNA-SSO	O DNA-SBT			
В			Other:					
С			O DNA-SSP	O DNA-SSO	O DNA-SBT			
C			Other:					
DRB1			O DNA-SSP	O DNA-SSO	O DNA-SBT			
			Other:					
DRB3/4/5			O DNA-SSP	O DNA-SSO	O DNA-SBT			
01103/4/5			Other:					
DQA1			O DNA-SSP	O DNA-SSO	O DNA-SBT			
DQAI			Other:					
DQB1			O DNA-SSP	O DNA-SSO	O DNA-SBT			
DQDI			Other:					
DPA1			O DNA-SSP	O DNA-SSO	O DNA-SBT			
			Other:					
DPB1			O DNA-SSP	O DNA-SSO	O DNA-SBT			
			Other:					

Person completing form:	Date: (YYYY-MM-DD)	Signature:	