

S30

DONOR EXTENDED TYPING TEST RESULTS

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PATIENT DATA								
Patient first name: Patient last name:								
Patient registry:	:	•						
			Patient ID:					
(assigned by patient registry)			(assigned by donor registry)					
DONOR DATA								
Donor registry:					IO	N· I I I		
Donor ID:								
GRID:								
Testing laboratory:								
Test date: (YYYY-MM-DD)								
Was typing disc	repant from the original t	typing reported by the	donor re	gistry?	Yes O	No		
SECTION A: TO	BE COMPLETED BY T							
Locus:	First allele:	Second alle	le:		Testing metho	d:		
Donor class I ty	ping test results (or attach co	py of laboratory report, but be	e sure to indi	ate clearly patient ID	AND donor ID)			
Α				O DNA-SSP	O DNA-SSO	O DNA-SBT		
Λ,				Other:				
В				O DNA-SSP	O DNA-SSO	O DNA-SBT		
5				Other:				
С				O DNA-SSP	O DNA-SSO	O DNA-SBT		
- J				Other:				
Donor class II typing test results (or attach copy of laboratory report, but be sure to indicate clearly patient ID AND donor ID)								
DRB1				O DNA-SSP	O DNA-SSO	O DNA-SBT		
DNDI				Other:				
DRB3/4/5				O DNA-SSP	O DNA-SSO	O DNA-SBT		
DND37473				Other:				
DQA1				O DNA-SSP	O DNA-SSO	O DNA-SBT		
50,11				Other:				
DQB1				O DNA-SSP	O DNA-SSO	O DNA-SBT		
				Other:	O DAIA CCO	O DAIA CRT		
DPA1				Othor:	O DNA-SSO	O DNA-SBT		
				Other: DNA-SSP	O DNA-SSO	○ DNA-SBT		
DPB1				Other:	O DIVA-330	O DINA-361		
				Other.				
If form is not returned, donor will be released in days.								
Person completing form Date: (YYYY-MM-DD) Signature:								
1 Classificating form		Date: (YYYY-MM-DD)		Jigilatuli	С.			



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PATIENT DATA							
Patient first name:	Patient last name:	Patient last name:					
Patient registry:							
Patient ID:	Patient ID:						
(assigned by patient registry)	(assigned by donor registry)					
DONOR DATA							
		LON:					
Donor registry:		ION:					
Donor ID:							
GRID:							
Comments:							
SECTION B: TO BE COMPLETED BY THE TRANSPLANT CENTRE/RECEIVING REGISTRY							
○ Reserve donor ○ Donor under consideration, do NOT release ○ Proceed to workup							
Reason:							
Anticipated transplant date: (YYYY-MM-DD)	(Formal request forms attached)						
Person completing form: Da	ate: (YYYY-MM-DD)	Signature:					