S10

PRELIMINARY SEARCH REQUEST

REQUEST DATA			
Date of request: (YYYY-MM-DD)	Type of search to be performed:	Is this search urgent?	○ Yes ○ No
		Are mismatches accepted?	○ Yes ○ No

PATIENT DATA				
Patient first name:		Patient last name:		
Patient ID: (assigned by requesting registry)				
Year of Birth:	Gender:	Weight: (kg)	CMV:	Blood group/RhD:
Diagnosis:			Time of diagnosis: (YYYY-MM)	
Phenotype number (optional):			Race (optional):	

PATIENT HLA

Locus:	First value:	Second value:	Testing method:
A	11:00		○ DNA-SSP ○ DNA-SSO ○ DNA-SBT
			○ Other:
B			○ DNA-SSP ○ DNA-SSO ○ DNA-SBT
			○ Other:
C			○ DNA-SSP ○ DNA-SSO ○ DNA-SBT
			○ Other:
DRB1			○ DNA-SSP ○ DNA-SSO ○ DNA-SBT
			○ Other:
DRB3/4/5			○ DNA-SSP ○ DNA-SSO ○ DNA-SBT
			○ Other:
DQA1			○ DNA-SSP ○ DNA-SSO ○ DNA-SBT
			○ Other:
DQB1			○ DNA-SSP ○ DNA-SSO ○ DNA-SBT
			○ Other:
DPA1			○ DNA-SSP ○ DNA-SSO ○ DNA-SBT
			○ Other:
DPB1			○ DNA-SSP ○ DNA-SSO ○ DNA-SBT
			○ Other:

Requesting institution:	
Coordinator:	
Phone:	Fax:
E-mail:	
Transplant centre:	

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

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