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| Date of request | |  | | | | | | | | | | |
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| **PATIENT DETAILS** | | | | | | | | | | | | |
| Patient surname | |  | | | Patient forename | | | |  | | | |
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| DOB (day/month/year) | |  | Gender | | MALE | | FEMALE | | Blood Group | | |  |
|  | |  |  | |  | | | |  | | |  |
| ID assigned by Anthony Nolan | |  | ID assigned by recipient’s TC/registry | |  | | | | CMV Status | | |  |
|  | |  |  | |  | | | |  | | |  |
| Transplant Centre | |  | | | | | | | | | | |
|  | |  |  | |  | | | |  | | |  |
| Status | | Urgent | Non urgent | | Proposed date for transplant | | | | | | |  |
|  | | | | | | | | | | | | |
| **SELECTED DONOR IDENTIFICATION NUMBERS** | | | | | | | | | | | | |
| **GRID** | | | | | **DONOR ID** | | | | | | | |
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| **PATIENT HLA TYPING DETAILS** | | | | | | | | | | | | |
| HISTOCOMPATIBILITY AND IMMUNOGENETICS LABORATORY NAME:  To prevent transcription errors please send a copy of the most up-to-date HLA typing report. If this is not available insert results below. | | | | | | | | | | | | |
| HLA-A | |  | | | HLA-B | | | |  | | | |
|  | |  |  | |  | | | |  | | |  |
| HLA-C | |  | | | HLA-DRB1 | | | |  | | | |
|  | |  |  | |  | | | |  | | |  |
| HLA-DRB3,4,5 | |  | | | HLA-DQB1 | | | |  | | | |
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| HLA-DPB1 | |  | | |  | | | |  | | |  |
|  | |  |  | |  | | | |  | | |  |
| **TYPING REQUIREMENTS** | | | | | | | | | | | | |
| Class I | HLA-A Intermediate | | | HLA-A High Resolution | | | | Class II | | | HLA-DRB1 High Resolution | |
|  |  | | |  | | | |  | | |  | |
|  | HLA-B Intermediate | | | HLA-B High Resolution | | | |  | | | HLA-DQB1 High Resolution | |
|  |  | | |  | | | |  | | |  | |
|  | HLA-C Intermediate | | | HLA-C High Resolution | | | |  | | | HLA-DPB1 High Resolution | |
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| **INVOICEE** | | | | | | | | | | | | |
| Name | |  | | | | | | | | | | |
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| Email | |  | | | | | | | | | | |
| **PLEASE SEND A COPY OF THE MOST RECENT PATIENT HLA REPORT IF AVAILABLE** | | | | | | | | | | | | |
| |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | | Person completing form |  | Signature |  | Date day/month/year |  | | |  | Signature | |  | | | | Date day/month/year | | |  |
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