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| --- | --- |
| Date of request |  |
|  |  |
| **PATIENT DETAILS** |
| Patient surname |   | Patient forename |   |
|  |  |  |  |  |  |
| 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 |   |
|  |  |  |  |  |  |
| 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 |
|  |  |  |  |  |  |
| **INVOICEE** |
| Name |   |
|  |  |  |  |  |  |
| Address |   |
|  |  |  |  |  |  |
|   |
|  |  |  |  |  |  |
| Telephone number |   | Fax number |   |
|  |  |  |  |  |  |
| Email |   |
| **PLEASE SEND A COPY OF THE MOST RECENT PATIENT HLA REPORT IF AVAILABLE** |
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|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Person completing form |   | Signature  |  | Date day/month/year |  |

 |  | Signature  |  | Date day/month/year |  |
|  |  |  |  |  |  |