

Records

Donor Histocompatibility Worksheet

FORM APPROVED: O.M.B. NO. 0915-0157 Expiration Date: 08/31/2007

Donor ID:

Provider Information

Lab:

OPO:

Donor Information

Donor Name:

UNOS Donor ID #:

Donor Type:

Donor Center Histocompatibility Typing

Donor HLA Typed:

YES NO UNK

Date Typing Complete Class I:

Target Source for Class I:

- Peripheral Blood
- Lymph Nodes
- Spleen
- Thymocytes
- Cell lines/clonal cells
- Solid Matrix

Typing Method Class I:

Serology DNA

A (1)

A (2)

B(1)

B (2)

Bw4

- POSITIVE
- NEGATIVE
- NOT TESTED

Bw6

- POSITIVE
- NEGATIVE
- NOT TESTED

Cw (1)

Cw (2)

Date Typing Complete Class II:

Target Source for Class II:

- Peripheral Blood
- Lymph Nodes
- Spleen
- Thymocytes
- Cell lines/clonal cells
- Solid Matrix

Typing Method Class II:

- Serology
- DNA

DR (1)

DR (2)

DR51

- POSITIVE
- NEGATIVE
- NOT TESTED

DR52

- POSITIVE
- NEGATIVE
- NOT TESTED

DR53

- POSITIVE
- NEGATIVE
- NOT TESTED

DQ (1)

DQ (2)

DPW (1)

- 1
- 2
- 3
- 4
- 5
- 6
- Not Tested

DPW (2)

- 1
- 2
- 3
- 4
- 5
- 6
- No second antigen detected
- Not Tested

Recipient of a Living Donor Information

Name:

SSN:

Organ Type:

Transplant Date:

Transplant Center:

Haplotype Match:

- 0
- .5
- 1
- 1.5
- 2
- N/A Living Donor - Not Typed
- N/A Unrelated Donor

 UNKNOWN