Český národní registr dárců dřeně

**CZECH NATIONAL MARROW DONORS REGISTRY**

Czech Republic, 323 00 Plzeň, Alej Svobody 80

Fax: +420 373 034 442, Phone: +420 373 034 333, E-mail: registr@kostnidren.cz

# REQUEST FOR EXTENDED DONOR HLA TYPING



☐ Urgent request

| **PATIENT DATA** | |
|---|---|
| Patient name: | Patient ID: (assigned by patient registry) |
| Patient registry: | Patient ID: (assigned by donor registry) |
| Diagnosis: | Date of birth: (YYYY-MM-DD) |

| **PATIENT HLA** | | | | |
|---|---|---|---|---|
| **Locus:** | **First antigen:** | **Second antigen:** | **Testing method:** | |
| **A** | | | ☐ Sero. ☐ DNA | Clear |
| **B** | | | ☐ Sero. ☐ DNA | Clear |
| **C** | | | ☐ Sero. ☐ DNA | Clear |
| **DRB1** | | | ☐ Sero. ☐ DNA | Clear |
| **DRB3/4/5** | | | ☐ Sero. ☐ DNA | Clear |
| **DQA1** | | | ☐ Sero. ☐ DNA | Clear |
| **DQB1** | | | ☐ Sero. ☐ DNA | Clear |
| **DPA1** | | | ☐ Sero. ☐ DNA | Clear |
| **DPB1** | | | ☐ Sero. ☐ DNA | Clear |

| **DNA TYPING REQUEST** | | | | | |
|---|---|---|---|---|---|
| **Donor ID:** | | | | | |
| **Donor GRID** | | | | | |
| **A** | ☐ ▼ | ☐ ▼ | ☐ ▼ | ☐ ▼ | ☐ ▼ |
| **B** | ☐ ▼ | ☐ ▼ | ☐ ▼ | ☐ ▼ | ☐ ▼ |
| **C** | ☐ ▼ | ☐ ▼ | ☐ ▼ | ☐ ▼ | ☐ ▼ |
| **DRB1** | ☐ ▼ | ☐ ▼ | ☐ ▼ | ☐ ▼ | ☐ ▼ |
| **DRB3/4/5** | ☐ ▼ | ☐ ▼ | ☐ ▼ | ☐ ▼ | ☐ ▼ |
| **DQA1** | ☐ ▼ | ☐ ▼ | ☐ ▼ | ☐ ▼ | ☐ ▼ |
| **DQB1** | ☐ ▼ | ☐ ▼ | ☐ ▼ | ☐ ▼ | ☐ ▼ |
| **DPA1** | ☐ ▼ | ☐ ▼ | ☐ ▼ | ☐ ▼ | ☐ ▼ |
| **DPB1** | ☐ ▼ | ☐ ▼ | ☐ ▼ | ☐ ▼ | ☐ ▼ |

| **Requesting institution:** | **Invoice address:** |
|---|---|
| Institution: | Institution: |
| Address: | Address: |
| Attention: | Attention: |
| Phone: | Phone: |
| Fax: | Fax: |
| E-mail: | E-mail: |

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

WMDA

Reset Form