

DISCREPANT TYPING REPORT

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Patient ID: (assigned by patient registry)	Patient ID: (assigned by donor registry)
Donor ID:	
GRID:	

SECTION A: Original typing from donor centre				
Locus:	First value:	Second value:	Date tested: (YYYY-MM-DD)	Testing method:
A				<input type="radio"/> DNA-SSP <input type="radio"/> DNA-SSO <input type="radio"/> DNA-SBT <input type="radio"/> Other:
B				<input type="radio"/> DNA-SSP <input type="radio"/> DNA-SSO <input type="radio"/> DNA-SBT <input type="radio"/> Other:
C				<input type="radio"/> DNA-SSP <input type="radio"/> DNA-SSO <input type="radio"/> DNA-SBT <input type="radio"/> Other:
DRB1				<input type="radio"/> DNA-SSP <input type="radio"/> DNA-SSO <input type="radio"/> DNA-SBT <input type="radio"/> Other:
DRB3/4/5				<input type="radio"/> DNA-SSP <input type="radio"/> DNA-SSO <input type="radio"/> DNA-SBT <input type="radio"/> Other:
DQA1				<input type="radio"/> DNA-SSP <input type="radio"/> DNA-SSO <input type="radio"/> DNA-SBT <input type="radio"/> Other:
DQB1				<input type="radio"/> DNA-SSP <input type="radio"/> DNA-SSO <input type="radio"/> DNA-SBT <input type="radio"/> Other:
DPA1				<input type="radio"/> DNA-SSP <input type="radio"/> DNA-SSO <input type="radio"/> DNA-SBT <input type="radio"/> Other:
DPB1				<input type="radio"/> DNA-SSP <input type="radio"/> DNA-SSO <input type="radio"/> DNA-SBT <input type="radio"/> Other:

SECTION A (continued): Discrepant typing received from transplant centre				
Locus:	First value:	Second value:	Date tested: (YYYY-MM-DD)	Testing method:
A				<input type="radio"/> DNA-SSP <input type="radio"/> DNA-SSO <input type="radio"/> DNA-SBT <input type="radio"/> Other:
B				<input type="radio"/> DNA-SSP <input type="radio"/> DNA-SSO <input type="radio"/> DNA-SBT <input type="radio"/> Other:
C				<input type="radio"/> DNA-SSP <input type="radio"/> DNA-SSO <input type="radio"/> DNA-SBT <input type="radio"/> Other:
DRB1				<input type="radio"/> DNA-SSP <input type="radio"/> DNA-SSO <input type="radio"/> DNA-SBT <input type="radio"/> Other:
DRB3/4/5				<input type="radio"/> DNA-SSP <input type="radio"/> DNA-SSO <input type="radio"/> DNA-SBT <input type="radio"/> Other:
DQA1				<input type="radio"/> DNA-SSP <input type="radio"/> DNA-SSO <input type="radio"/> DNA-SBT <input type="radio"/> Other:
DQB1				<input type="radio"/> DNA-SSP <input type="radio"/> DNA-SSO <input type="radio"/> DNA-SBT <input type="radio"/> Other:
DPA1				<input type="radio"/> DNA-SSP <input type="radio"/> DNA-SSO <input type="radio"/> DNA-SBT <input type="radio"/> Other:
DPB1				<input type="radio"/> DNA-SSP <input type="radio"/> DNA-SSO <input type="radio"/> DNA-SBT <input type="radio"/> Other:

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Patient ID: (assigned by patient registry)	Patient ID: (assigned by donor registry)
Donor ID:	
GRID:	

SECTION B: Donor centre verification test results				
Locus:	First value:	Second value:	Date tested: (YYYY-MM-DD)	Testing method:
A				<input type="radio"/> DNA-SSP <input type="radio"/> DNA-SSO <input type="radio"/> DNA-SBT <input type="radio"/> Other:
B				<input type="radio"/> DNA-SSP <input type="radio"/> DNA-SSO <input type="radio"/> DNA-SBT <input type="radio"/> Other:
C				<input type="radio"/> DNA-SSP <input type="radio"/> DNA-SSO <input type="radio"/> DNA-SBT <input type="radio"/> Other:
DRB1				<input type="radio"/> DNA-SSP <input type="radio"/> DNA-SSO <input type="radio"/> DNA-SBT <input type="radio"/> Other:
DRB3/4/5				<input type="radio"/> DNA-SSP <input type="radio"/> DNA-SSO <input type="radio"/> DNA-SBT <input type="radio"/> Other:
DQA1				<input type="radio"/> DNA-SSP <input type="radio"/> DNA-SSO <input type="radio"/> DNA-SBT <input type="radio"/> Other:
DQB1				<input type="radio"/> DNA-SSP <input type="radio"/> DNA-SSO <input type="radio"/> DNA-SBT <input type="radio"/> Other:
DPA1				<input type="radio"/> DNA-SSP <input type="radio"/> DNA-SSO <input type="radio"/> DNA-SBT <input type="radio"/> Other:
DPB1				<input type="radio"/> DNA-SSP <input type="radio"/> DNA-SSO <input type="radio"/> DNA-SBT <input type="radio"/> Other:

ERROR CONCLUSION
<input type="radio"/> The result has not been resolved and should be referred to a 3 rd party reference laboratory. <input type="radio"/> The discrepant typing result has been resolved as: <div style="text-align: center;"> <input type="radio"/> Donor centre error <input type="radio"/> Transplant centre error </div>
Clerical error:
Technical error:

Donor centre representative:	Date: (YYYY-MM-DD)	Donor centre signature:
Transplant centre representative:	Date: (YYYY-MM-DD)	Transplant centre signature: