



**Marrow Donor Program Belgium - Registry**  
**Motstraat 40 2800 Mechelen**  
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**Email : MDPB-registry@rodekruis.be**

**DONOR VERIFICATION (CONFIRMATORY) TYPING TEST RESULTS**  
 ( to be completed by the transplant center)

**PATIENT INFORMATION**

Patient name:	Patient ID number: (assigned by patient's registry)
Transplant center:	Patient ID number: (assigned by donor's registry)

**DONOR INFORMATION**

Donor registry:	Donor ID number:
Test Date: (Day/Month/Year)	Testing Laboratory:
Was typing discrepant from the original typing reported by donor registry? * <input type="checkbox"/> Yes <input type="checkbox"/> No <i>* If the typing is discrepant, please be sure to also complete the WMDA Discrepant Typing Form and submit it to the MDPB office.</i>	

Donor Class I typing results (attach copy of laboratory report):

	A	B	C
First antigen:			
Second antigen:			
Testing method	<input type="checkbox"/> Sero. <input type="checkbox"/> DNA	<input type="checkbox"/> Sero. <input type="checkbox"/> DNA	<input type="checkbox"/> Sero. <input type="checkbox"/> DNA

Donor Class II typing results (attach copy of laboratory report):

	DRB1	DRB3/4/5	DQB1
First antigen:			
Second antigen:			
Testing method	<input type="checkbox"/> Sero. <input type="checkbox"/> DNA	<input type="checkbox"/> Sero. <input type="checkbox"/> DNA	<input type="checkbox"/> Sero. <input type="checkbox"/> DNA

	DQA1	DPB1	DPA1
First antigen:			
Second antigen:			
Testing method	<input type="checkbox"/> Sero. <input type="checkbox"/> DNA	<input type="checkbox"/> Sero. <input type="checkbox"/> DNA	<input type="checkbox"/> Sero. <input type="checkbox"/> DNA

**CONCLUSION**

<input type="checkbox"/> RELEASE DONOR	<input type="checkbox"/> DONOR UNDER CONSIDERATION, DO NOT RELEASE	<input type="checkbox"/> PROCEED TO WORKUP (Formal Request forms attached)
Reason:	Anticipated transplant date:	
Comments:		
Transplant Center representative completing form:	Signature:	Date: (Day/Month/Year)