



DISCREPANT TYPING REPORT

Section A (to be completed by Transplant center)

Donor ID number :

Patient ID number:

HLA-	A	A	B	B	C	C	DRB1	DRB1	DQB1	DQB1
Type reported (by Donor Center)										
Original typing Technique*	<input type="checkbox"/> Sero <input type="checkbox"/> DNA	<input type="checkbox"/> Sero <input type="checkbox"/> DNA	<input type="checkbox"/> Sero <input type="checkbox"/> DNA	<input type="checkbox"/> Sero <input type="checkbox"/> DNA	<input type="checkbox"/> Sero <input type="checkbox"/> DNA	<input type="checkbox"/> Sero <input type="checkbox"/> DNA	<input type="checkbox"/> Sero <input type="checkbox"/> DNA	<input type="checkbox"/> Sero <input type="checkbox"/> DNA	<input type="checkbox"/> Sero <input type="checkbox"/> DNA	<input type="checkbox"/> Sero <input type="checkbox"/> DNA

** to be obtained / provided at the time of an investigation*

HLA-	A	B	C	DRB1	DQB1
Transplant lab. results					
Date tested					
Technique used	<input type="checkbox"/> Sero <input type="checkbox"/> DNA	<input type="checkbox"/> Sero <input type="checkbox"/> DNA	<input type="checkbox"/> Sero <input type="checkbox"/> DNA	<input type="checkbox"/> Sero <input type="checkbox"/> DNA	<input type="checkbox"/> Sero <input type="checkbox"/> DNA
Person completing the form:					Date: (Day/Month/Year)

Section B (to be completed by Donor center)

HLA-	A	B	C	DRB1	DQB1
Donor Center results					
Date of re-test					
Technique used	<input type="checkbox"/> Sero <input type="checkbox"/> DNA	<input type="checkbox"/> Sero <input type="checkbox"/> DNA	<input type="checkbox"/> Sero <input type="checkbox"/> DNA	<input type="checkbox"/> Sero <input type="checkbox"/> DNA	<input type="checkbox"/> Sero <input type="checkbox"/> DNA
Person completing the form:					Date: (Day/Month/Year)

The discrepant type result has been resolved as:

Donor Center error

Transplant Center error

Signature Donor Center representative:

Signature Transplant Center representative:

Date:

Date:

Clerical error (Give details)	Technical error (Give details)
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