



FINAL COMPATIBILITY TEST RESULTS

(To be submitted with Formal Request for Stem Cell Collection forms)

PATIENT INFORMATION

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

Patient HLA typing results:

	A	B	C	DRB1
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	<input type="checkbox"/> Sero. <input type="checkbox"/> DNA

	DRB3/4/5	DQB1	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	<input type="checkbox"/> Sero. <input type="checkbox"/> DNA	<input type="checkbox"/> Sero. <input type="checkbox"/> DNA

DONOR INFORMATION

Donor registry:	Donor ID number:
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Donor HLA typing results:

	A	B	C	DRB1
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	<input type="checkbox"/> Sero. <input type="checkbox"/> DNA

	DRB3/4/5	DQB1	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	<input type="checkbox"/> Sero. <input type="checkbox"/> DNA	<input type="checkbox"/> Sero. <input type="checkbox"/> DNA

Transplant Center representative completing form:	Signature:	Date: <small>(Day/Month/Year)</small>
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