

PRELIMINARY SEARCH REQUEST

REQUEST DATA			
Date of request: (YYYY-MM-DD)	Type of search to be performed:	Is this search urgent?	<input type="radio"/> Yes <input type="radio"/> No
		Are mismatches accepted?	<input type="radio"/> Yes <input type="radio"/> No

PATIENT DATA				
Patient first name:			Patient last name:	
Patient ID: (assigned by requesting registry)				
Date of birth: (YYYY-MM-DD)	Gender:	Weight: (kg)	CMV:	Blood group/RhD:
Diagnosis:			Time of diagnosis: (YYYY-MM)	
Phenotype number (optional):			Race (optional):	

PATIENT HLA					
Locus:	First value:	Second value:	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:		

Requesting institution:	
Coordinator:	
Phone:	Fax:
E-mail:	
Transplant centre:	

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