

PATIENT DATA	
Patient first name:	Patient last name:
Patient registry:	
Patient ID: (assigned by patient registry)	Patient ID: (assigned by donor registry)

DONOR DATA	
Donor registry:	ION:
Donor ID:	
GRID:	
Testing laboratory:	
Test date: (YYYY-MM-DD)	
Was typing discrepant from the original typing reported by the donor registry? <input type="radio"/> Yes <input type="radio"/> No	

SECTION A: TO BE COMPLETED BY THE DONOR REGISTRY			
Locus:	First allele:	Second allele:	Testing method:
Donor class I typing test results (or attach copy of laboratory report, but be sure to indicate clearly patient ID AND donor ID)			
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:
Donor class II typing test results (or attach copy of laboratory report, but be sure to indicate clearly patient ID AND donor ID)			
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:

If form is not returned, donor will be released in _____ days.

Person completing form	Date: (YYYY-MM-DD)	Signature:
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PATIENT DATA	
Patient first name:	Patient last name:
Patient registry:	
Patient ID: <small>(assigned by patient registry)</small>	Patient ID: <small>(assigned by donor registry)</small>

DONOR DATA	
Donor registry:	ION:
Donor ID:	
GRID:	

Comments:

SECTION B: TO BE COMPLETED BY THE TRANSPLANT CENTRE/RECEIVING REGISTRY		
<input type="radio"/> Reserve donor <input type="radio"/> Donor under consideration, do NOT release <input type="radio"/> Proceed to workup		
Reason:		
Anticipated transplant date: (YYYY-MM-DD)		(Formal request forms attached)
Person completing form:	Date: (YYYY-MM-DD)	Signature: