Recipient Histocompatibility

The Recipient Histocompatibility record is to be completed by the histocompatibility laboratory responsible for performing tissue typing on the recipient and crossmatch testing between the donor and recipient once an organ becomes available. The Recipient Histocompatibility record is generated at the time the recipient feedback process has been completed. For living donors, the Recipient Histocompatibility record will be generated once Living Donor Feedback has been entered into UNet^{SM}.

View OPTN/UNOS Policy on Data Submission Requirements for additional information.

To correct information that is already displayed in an electronic record, call 1-800-978-4334.

Provider Information

Lab: The lab reported in the Recipient Feedback will display. Verify that the displayed histocompatibility laboratory provider number is the 6-character Medicare identification number, and that the displayed center code and center name are for the laboratory responsible for the tissue typing and crossmatching of the recipient.

TX Center: The transplant center reported in the Recipient Feedback will display. Verify that the displayed transplant center provider number is the 6-character Medicare identification number, and that the displayed center code and center name are for the hospital where the transplant operation was performed.

Recipient Information

The following information reported in the Recipient Feedback, will display in this section. Verify that the information displayed for each field is correct.

Name: Verify the last name, first name and middle initial of the transplant recipient.

DOB: Verify that the displayed date is the recipient's date of birth.

SSN: Verify the recipient's social security number.

Gender: Verify the recipient's gender.

HIC: Verify the 9 to 11 character Health Insurance Claim number for the recipient indicated on the recipient's TCR record. This field may be left blank if the recipient does not have a HIC number.

Transplant Date: Verify that the displayed transplant date is the date of the beginning of the first anastomosis. If the operation started in the evening and the first anastomosis began early the next morning, the transplant date is the date that the first anastomosis began. The transplant is considered complete when the cavity is closed and the final skin stitch/staple is applied.

Organ(s): Verify that the displayed organ(s) is the actual organ(s) transplanted into the recipient.

Donor Information

UNOS Donor ID #: Each potential donor is assigned an identification number by OPTN/UNOS. This ID number corresponds to the date the donor information was entered into the OPTN/UNOS computer system.

Donor Type: The donor type reported in Recipient Feedback will display. Verify that the correct donor type is displayed in the record.

Deceased indicates the donor was not living at the time of donation.

Living indicates the donor was living at the time of donation.

Test Information

HLA typing Done: Select **Yes** if HLA typing was done on the recipient. If HLA typing was done on the recipient, complete section I. If not, select **No**.

HLA Antibody Screening Done: Select **Yes** if HLA antibody screening was done on the recipient. If screening was done on the recipient, complete Section II. If not, select **No**.

Crossmatch Done: Select **Yes** if crossmatch testing was done on the recipient. If crossmatch testing was done on the recipient, complete Section III. If not, select **No**. If **yes** was selected, indicate whether the crossmatch was prospective to the transplant by selecting **Yes**, **No** or **UNK** (Unknown).

Donor Retyped at Your Center: Select **Yes** if the donor was retyped at your laboratory. If the donor was retyped at your laboratory, complete Section IV. If not, select **No**.

Section I - Recipient HLA Typing

Select the antigen from the list. When known, it is preferable to enter the split of an antigen rather than the parent. If the second antigen at a locus is blank, select **No second antigen detected**. Only select **Not tested** when the locus is not tested.

Date Typing Completed Class I and **Date Typing Completed Class II:** Enter the dates that Class I and Class II typing were completed by the histocompatibility laboratory for the recipient. Use the standard 8-digit numeric format of MM/DD/YYYY.

Note: For kidney, pancreas and kidney/pancreas recipients, the typing dates must occur prior to or on the transplant date. However, if the blood was collected prior to the transplant and typed after the transplant, the date the blood was collected may be entered for the typing dates.

Note: Typing date after transplant date is allowed, if the following organ combinations were transplanted:

- Kidney/Pancreas and Heart
- Kidney and Liver
- Kidney/Pancreas and Liver

Typing Method Class I and **Typing Method Class II:** Select whether the typing method for Class I and Class II antigens was **Serology** and/or **DNA**.

A Locus Codes: 1, 2, 3, 9, 10, 11, 19, 23, 24, 25, 26, 28, 29, 30, 31, 32, 33, 34, 36, 43, 66, 68, 69, 74, 80, 203, 210, 2403, 6601, 6602, Unknown, No second antigen detected, Not Tested

B Locus Codes: 5, 7, 8, 12, 13, 14, 15, 16, 17, 18, 21, 22, 27, 35, 37, 38, 39, 40, 41, 42, 44, 45, 46, 47, 48, 49, 50, 51, 52, 53, 54, 55, 56, 57, 58, 59, 60, 61, 62, 63, 64, 65, 67, 70, 71, 72, 73, 75, 76, 77, 78, 81, 703, 804, 1304, 2708, 3901, 3902, 3905, 4005, 5102, 5103, 8201, Unknown, No second antigen detected, Not Tested

CW HLA Codes: 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 12, 13, 14, 15, 16, 17, 18, No second antigen detected, Not tested, No antigen detected

DP HLA Codes: 1, 2, 3, 4, 5, 6, No second antigen detected, Not tested

DQ HLA Codes: 1, 2, 3, 4, 5, 6, 7, 8, 9, No second antigen detected, Not tested,

DR Locus Codes: 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13, 14, 15, 16, 17, 18, 103, 1403, 1404, No second antigen detected, Not tested

Note: "Not tested" is not a valid option for the DR Locus Codes for kidney, pancreas or kidney/pancreas recipients on a kidney record.

Workgroup HLA Codes: (Bw4, Bw6, DR51, DR52, DR53 Codes) Positive, Negative, Not Tested

Section II – HLA Antibody Screening Done

A. Most Recent Enter the most recent PRA data for the following tests for serum screened for Class I antigens. If the serum was screened for anti-HLA Class II antibody then complete the questions for Class II antigens.

Serum Date- Most Recent Class I and **Class II:** Enter the dates the serum was most recently collected and tested to obtain Class I and Class II antigen results before the transplant was performed. Use the standard 8-digit numeric format of MM/DD/YYYY.

Target - Most Recent Class I and **Class II:** Select the appropriate target used to obtain the most recent Class I and Class II antigens on the recipient.

Cells
Purified HLA antigens, pooled
Purified HLA antigens from individual phenotypes
Purified single HLA antigens

Technique - Most Recent Class I and **Class II:** Select the appropriate technique used to obtain the Class I and Class II antigens on the recipient. If **Other, Specify** is selected, enter the technique in the space provided.

Cytotoxity testing - extended incubation
Cytotoxity testing - wash
Cytotoxity testing - wash and extended incubation
Cytotoxity testing - AHG
Flow cytometry with cell targets
Flow cytometry with bead targets
ELISA
Micro Array
Other, specify

Technique Measures - Most Recent Class I and **Class II:** Select the appropriate technique measures used to obtain the Class I and Class II antigens on the recipient.

IgG
IgM
Both IgG and IgM

PRA (%) - Most Recent Class I and **Class II:** Enter the Class I and Class II PRA (%) value obtained from the most recent serum for the recipient.

Anti-HLA Interpretation - Most Recent Serum Class I and Class II: Select the appropriate Anti-HLA interpretation to obtain the most recent Class I and Class II PRA on the recipient.

Anti-HLA Interpretation I Codes

Class I antibody present
No Class I antibody present
Unknown

Anti-HLA Interpretation II Codes

Class II antibody present
No Class II antibody present
Unknown

Was serum screened for anti-HLA Class II antibody: Indicate whether serum was screened for anti-HLA Class II antibody by selecting **Yes** or **No**. If **Yes** is selected, provide the data for Class II antibody screening.

B. Peak Enter the peak PRA data for the following tests:

Were any sera tested pre-transplant that contain anti-HLA Class I and **Class II antibody:** Select **Yes** if sera was tested prior to the transplant that contained anti-HLA Class I and Class II antibodies. If not, select **No**.

Serum Date - Peak Serum Class I and **Class II antibody:** If sera was tested prior to the transplant that contained anti-HLA Class I and/or Class II antibodies, enter the date for the highest PRA value from all tested sera. Give the date this serum was collected. If two or more sera with different dates have the same peak PRA, use the most recent date. Use the standard 8-digit numeric format of MM/DD/YYYY. If only one PRA determination has been done, transcribe the date and all other information from the Most Recent Serum section to the Peak Serum section.

Target - Peak Serum Class I and **Class II:** Select the appropriate target used to obtain the Peak Class I and Class II antigens on the recipient.

Cells
Purified HLA antigens, pooled
Purified HLA antigens from individual phenotypes
Purified single HLA antigens

Technique - Peak Serum Class I and **Class II:** Select the appropriate technique used to obtain the Peak Class I and Class II antigens on the recipient. If **Other, Specify** is selected, enter the technique in the space provided.

Cytotoxity testing - extended incubation
Cytotoxity testing - wash
Cytotoxity testing - wash and extended incubation
Cytotoxity testing - AHG
Flow cytometry with cell targets
Flow cytometry with bead targets
ELISA
Micro Array
Other, specify

Measures - Peak Serum Class I and **Class II:** Select the appropriate technique measures used to obtain the Class I and Class II antigens on the recipient.

IgG
IgM
Both IgG and IgM

PRA (%) - Peak Serum Class I and **Class II:** Enter the Peak Class I and Class II PRA (%) value obtained from the peak serum for the recipient.

Anti-HLA Interpretation - Peak Serum Class I and Class II: Select the appropriate Anti-HLA interpretation to obtain the Class I and Class II PRA on the recipient.

Anti-HLA Interpretation I Codes

Class I antibody present
No Class I antibody present
Unknown

Anti-HLA Interpretation II Codes

Class II antibody present
No Class II antibody present
Unknown

Section III - Crossmatch

A. Most Recent

Date of crossmatch serum: Enter the date of the serum that was most recently collected and tested to obtain crossmatch results before the transplant was performed. Use the standard 8-digit numeric format of MM/DD/YYYY.

Cell Type: Select the appropriate type of cells used to obtain the crossmatch results on the recipient.

T-Cells
B-Cells
Unseparated lymphocytes
Purified Class I antigen
Purified Class II antigen
Purified Class I and II antigen
Platelets
Monocytes
Endothelial cells

Target: Select the appropriate source of the target cells.

Peripheral Blood
Lymph Nodes
Spleen
Thymocytes
Cell Lines/Clonal Cells
Solid Matrix

Note: To de-select an option in the Target field, hold down the Ctrl key on your keyboard and click the option you want removed.

Technique: Select the appropriate technique used to obtain the crossmatch results on the recipient. If **Other, Specify** is selected, enter the technique in the space provided.

NIH/Extended
Wash/Extended
Anti-Globulin
FLow
ELISA
Other, specify

Measures: Enter the appropriate measures used to obtain the crossmatch results on the recipient.

IgG
IgM
Both IgG and IgM

Result: Select whether the crossmatch results from the most recent serum were positive, negative, weak positive or indeterminate.

Intermediate
Negative
Positive
Weak Positive

AutoXM Result Using This Target and Technique: Select the AutoXM result using this target and technique.

Positive
Negative
Indeterminate
Not Tested
Unknown

B. Date of crossmatch serum - Least Recent (for reference purposes): Enter the date of the least recent crossmatch serum in the space provided. If only one date of crossmatch serum is available, enter the same date for Most Recent and Least Recent.

C. Positive crossmatch with sera other than the most recent by any method: Select **Yes** if there was a positive crossmatch with sera other than the most recent by any method. If not, select **No**. If **Yes, give the most recent positive Serum Dates** for the following:

Serum Date: If there was a positive crossmatch with sera other than the most recent by any method, enter the date of the most recent positive serum. Use the standard 8-digit numeric format of MM/DD/YYYY.

Cell Type: Select the appropriate type of cells used to obtain the crossmatch results on the recipient.

T-Cells
B-Cells
Unseparated lymphocytes
Purified Class I antigen
Purified Class II antigen
Purified Class I and II antigen
Platelets
Monocytes
Endothelial cells

Target: Select the appropriate source of the target cells.

Peripheral Blood
Lymph Nodes
Spleen
Thymocytes
Cell Lines/Clonal Cells
Solid Matrix

Technique: Select the appropriate technique used to obtain the crossmatch results on the recipient. If **Other, specify** is selected, enter the technique in the space provided.

NIH/Extended
Wash/Extended
Anti-Globulin
FLow
ELISA
Other, specify

Measures: Enter the appropriate measures used to obtain the crossmatch results on the recipient.

IgG
IgM
Both IgG and IgM

NEG XM by any other technique with this serum: If a negative crossmatch was obtained by any other technique with this serum, select **Yes**. If not, select **No**. If unknown, select **UNK**.

AutoXM Result Using This Target and Technique: Select the AutoXM result using this target and technique.

Positive
Negative
Indeterminate
Not Tested
Unknown

D. Autocrossmatch results:

Has autocrossmatch ever been positive: If the recipient's autocrossmatch has ever been positive, select **Yes**. If not, select **No**. If unknown, select **Unknown**. If **Yes** is selected, enter the date the AutoXM became positive. If the recipient's autocrossmatch has not been tested, select **Not Tested**.

Yes
No
Unknown
Not Tested

Section IV - Donor Retyping

Select the antigen from the list. When known, it is preferable to enter the split of an antigen rather than the parent. If the second antigen at a locus is blank, select **No second antigen detected**. Only select **Not tested** when the locus is not tested.

Donor Retyped Class I and **Class II:** If the donor was retyped for Class I and Class II PRA, select **Yes**. If not, select **No**. If unknown, select **UNK**. If **Yes** is selected, enter the **Date Typing Completed for Class I** and **Class II** antigens. in the spaces provided. Use the standard 8-digit numeric format of MM/DD/YYYY.

Target Cell Source: Class I and **Class II:** Select the appropriate source of the target cells.

Peripheral Blood
Lymph Nodes
Spleen
Thymocytes
Cell Lines/Clonal Cells
Solid Matrix

Typing Method Class I and **Typing Method Class II:** Select whether the typing method for Class I and Class II antigens is **Serology** and/or **DNA**. Complete the matrix for donor antigens.

Note: If donor HLA values were entered in the donor record in DonorNet® or in the Donor Histocompatibility record, the previously entered Typing Method Class I and/or Class II antigens will display for your reference.

A Locus Codes: 1, 2, 3, 9, 10, 11, 19, 23, 24, 25, 26, 28, 29, 30, 31, 32, 33, 34, 36, 43, 66, 68, 69, 74, 80, 203, 210, 2403, 6601, 6602, Unknown, No second antigen detected, Not Tested

B Locus Codes: 5, 7, 8, 12, 13, 14, 15, 16, 17, 18, 21, 22, 27, 35, 37, 38, 39, 40, 41, 42, 44, 45, 46, 47, 48, 49, 50, 51, 52, 53, 54, 55, 56, 57, 58, 59, 60, 61, 62, 63, 64, 65, 67, 70, 71, 72, 73, 75, 76, 77, 78, 81, 703, 804, 1304, 2708, 3901, 3902, 3905, 4005, 5102, 5103, 8201, Unknown, No second antigen detected, Not Tested

CW HLA Codes: 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 12, 13, 14, 15, 16, 17, 18, No second antigen detected, Not tested, No antigen detected

DP HLA Codes: 1, 2, 3, 4, 5, 6, No second antigen detected, Not tested

DQ HLA Codes: 1, 2, 3, 4, 5, 6, 7, 8, 9, No second antigen detected, Not tested,

DR Locus Codes: 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13, 14, 15, 16, 17, 18, 103, 1403, 1404, No second antigen detected, Not tested

Workgroup HLA Codes: (Bw4, Bw6, DR51, DR52, DR53 Codes) Positive, Negative, Not Tested