

# Records

## Donor Histocompatibility Worksheet

FORM APPROVED: O.M.B. NO. 0915-0157 Expiration Date: 12/31/2011

Note: These worksheets are provided to function as a guide to what data will be required in the online TIEDI® application. Currently in the worksheet, a red asterisk is displayed by fields that are required, independent of what other data may be provided. Based on data provided through the online TIEDI® application, additional fields that are dependent on responses provided in these required fields may become required as well. However, since those fields are not required in every case, they are not marked with a red asterisk.

**Donor ID:**

Lab:

OPO:

Donor Name:

UNOS Donor ID #:

Donor Type:

Donor HLA Typed: \*

YES  NO  UNK

Date Typing Complete Class I:

Target Source for Class I:

- Peripheral Blood
- Lymph Nodes
- Spleen
- Thymocytes
- Cell lines/clonal cells
- Solid Matrix

Typing Method Class I:

Serology  DNA

A

A

B

B

Bw4

Bw6

Cw

Cw

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Date Typing Complete Class II:

Target Source for Class II:

- Peripheral Blood
- Lymph Nodes
- Spleen
- Thymocytes
- Cell lines/clonal cells
- Solid Matrix

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Typing Method Class II:

Serology  DNA

DR

DR

DR51

DR52

DR53

DQ (1)

DQ (2)

DPB

DPB

Name:

SSN:

Organ Type:

Transplant Date:

Transplant Center:

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Haplotype Match:

- 0
- .5
- 1
- 1.5
- 2
- N/A Living Donor - Not Typed
- N/A Unrelated Donor

UNKNOWN

Comments:

