



2005: Confirmation of HLA Typing

<p>Registry Use Only Sequence Number:</p> <p>Date Received:</p>

Key Fields

For more information on HLA Typing by DNA Technology see the CIBMTR Data Management Manual section Form 2005.

OMB No: 0915-0310
 Expiration Date: 7/31/2016
Public Burden Statement: An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. The OMB control number for this project is 0915-0310. Public reporting burden for this collection of information is estimated to average 1.0 hours per response, including the time for reviewing instructions, searching existing data sources, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to HRSA Reports Clearance Officer, 5600 Fishers Lane, Room 10-29, Rockville, Maryland, 20857.

CIBMTR Center Number: _____

CIBMTR Recipient ID: _____

Date of HCT for which this form is being completed: ____/____/____
 YYYY MM DD

HCT type (check all that apply) Autologous Allogeneic, unrelated Allogeneic, related

Product type (check all that apply) Bone marrow
 PBSC
 Single cord blood unit
 Multiple cord blood units
 Other product. Specify: _____

Donor/Cord Blood Unit Identification	Questions: 1-12
For more information on HLA Typing by DNA technology, see the CIBMTR Data Management Manual section Form 2005.	
<p>This form must be completed for all non-NMDP allogeneic or syngeneic donors or recipients, or non-NMDP cord blood units. If the donor, recipient, or cord blood unit was secured through the NMDP, then report HLA typing on the appropriate NMDP forms.</p> <p>A separate copy of this form should be completed for each non-NMDP donor, recipient, or cord blood unit. Parental typing (maternal and paternal) should be submitted for all mismatched related donor transplants (CRF track only), if available. Cord blood maternal typing should be submitted for all unrelated cord blood transplants (CRF track only), if available.</p>	
<p>1. Specify the person for whom this typing is being done</p> <p><input type="checkbox"/> Recipient — final typing - Go to question 13</p> <p><input type="checkbox"/> Recipient's biological relative - Go to question 5</p> <p><input type="checkbox"/> Unrelated donor — confirmatory typing - Go to question 2</p> <p><input type="checkbox"/> Cord blood unit — confirmatory typing - Go to question 3</p> <p><input type="checkbox"/> Cord blood unit maternal HLA typing- Go to question 3</p>	
<p>2. Non-NMDP unrelated donor ID: _____ (not applicable for related donor) - Go to question 7</p> <p>3. Non-NMDP cord blood unit ID: _____ (include related and autologous CBUs) - If reporting Maternal HLA typing, go to question 12. If reporting Cord blood unit – confirmatory typing, go to question 4.</p> <p>4. Is the cord blood unit maternal HLA typing available?</p> <p><input type="checkbox"/> yes - Go to question 7 Also complete form 2005 to report cord blood unit maternal HLA typing</p> <p><input type="checkbox"/> no - Go to question 7</p> <p>5. Specify recipient's biological relative and typing</p> <p><input type="checkbox"/> Recipient's mother – confirmatory typing</p> <p><input type="checkbox"/> Recipient's father – confirmatory typing</p> <p><input type="checkbox"/> Recipient's sibling – confirmatory typing</p> <p><input type="checkbox"/> Recipient's syngeneic (identical) twin– confirmatory typing</p> <p><input type="checkbox"/> Recipient's fraternal twin– confirmatory typing</p> <p><input type="checkbox"/> Recipient's child – confirmatory typing</p> <p><input type="checkbox"/> Recipient's aunt – confirmatory typing</p> <p><input type="checkbox"/> Recipient's uncle – confirmatory typing</p> <p><input type="checkbox"/> Recipient's cousin – confirmatory typing</p> <p><input type="checkbox"/> Other biological relative →</p> <div style="border: 1px solid black; padding: 5px; margin-left: 20px;"> <p>6. Specify other biological relative and typing: _____</p> </div> <p>7. Date of birth (donor/infant)</p> <p><input type="checkbox"/> Known →</p> <div style="border: 1px solid black; padding: 5px; margin-left: 20px;"> <p>8. Date of birth: __ __ __ __ / __ __ / __ __ YYYY MM DD</p> </div> <p><input type="checkbox"/> Unknown →</p> <div style="border: 1px solid black; padding: 5px; margin-left: 20px;"> <p>9. Age (donor/infant)</p> <p><input type="checkbox"/> Known → 10. Age (donor/infant) ____</p> <p><input type="checkbox"/> Unknown <input type="checkbox"/> Months (use if less than 1 year old)</p> <p style="margin-left: 100px;"><input type="checkbox"/> years</p> </div> <p>11. Sex (donor/infant) <input type="checkbox"/> male <input type="checkbox"/> female</p> <p>12. Was the person for whom this typing is being done used as the donor? <input type="checkbox"/> yes <input type="checkbox"/> no</p>	

HLA Typing by DNA Technology	Questions: 13-35
<p>13. Was documentation submitted to the CIBMTR? (e.g. lab report) <input type="checkbox"/> yes <input type="checkbox"/> no</p> <p>HLA Alleles Defined by DNA Technology (e.g., Sequence Specific Oligonucleotide Probe (SSOP) typing, Sequence Specific Primer (SSP) typing or Sequence Based (SBT) typing.) DNA technology can be used to type for a single allele, combinations of alleles (allele strings) or a “generic” allele designation which is similar to a serologic typing result. For this reason, the number of digits, as well as the number of alleles, for reporting will vary. Laboratories may use “/”, “-” or a combination of numbers and letters on the typing report as a shorthand notation for the results. Transcribe the information onto the form as directly as possible. The letters are called allele codes, and will be 1 or more characters in length which represent a combination of possible alleles at a locus. The same allele combination may be reported several different ways (e.g., DRB1*01:01 or 01:02, DRB1*01:01/01:02, DRB1*01:01/02, or DRB1*01:AB). There will be two alleles reported for each locus, unless the individual is presumed homozygous (i.e., carries two copies of the same \ allele) at a locus. Transcribe the first allele designation in the first box, and the second allele designation in the second box. If the person is homozygous, leave the second box blank.</p>	
<p>Class I</p>	
<p>14. Locus A</p> <p><input type="checkbox"/> Known →</p> <p><input type="checkbox"/> Unknown</p>	<p>15. First A* allele designations: _____</p> <p>Second A* allele designations: _____</p>
<p>16. Locus B</p> <p><input type="checkbox"/> Known →</p> <p><input type="checkbox"/> Unknown</p>	<p>17. First B* allele designations: _____</p> <p>Second B* allele designations: _____</p>
<p>18. Locus C</p> <p><input type="checkbox"/> Known →</p> <p><input type="checkbox"/> Unknown</p>	<p>19. First C* allele designations: _____</p> <p>Second C* allele designations: _____</p>
<p>Class II</p>	
<p>20. Locus DRB1</p> <p><input type="checkbox"/> Known →</p> <p><input type="checkbox"/> Unknown</p>	<p>21. First DRB1* allele designations: _____</p> <p>Second DRB1* allele designations: _____</p>
<p>Class II (Optional) Please provide the optional allele information if it is available from your laboratory.</p>	
<p>22. Locus DRB3</p> <p><input type="checkbox"/> Known →</p> <p><input type="checkbox"/> Unknown</p>	<p>23. First DRB3* allele designations: _____</p> <p>Second DRB3* allele designations: _____</p>
<p>24. Locus DRB4</p> <p><input type="checkbox"/> Known →</p> <p><input type="checkbox"/> Unknown</p>	<p>25. First DRB4* allele designations: _____</p> <p>Second DRB4* allele designations: _____</p>
<p>26. Locus DRB5</p> <p><input type="checkbox"/> Known →</p> <p><input type="checkbox"/> Unknown</p>	<p>27. First DRB5* allele designations: _____</p> <p>Second DRB5* allele designations: _____</p>

28. Locus DQB1 <input type="checkbox"/> Known → <input type="checkbox"/> Unknown	29. First DQB1* allele designations: _____ Second DQB1* allele designations: _____
30. Locus DPB1 <input type="checkbox"/> Known → <input type="checkbox"/> Unknown	31. First DPB1* allele designations: _____ Second DPB1* allele designations: _____
32. Locus DQA1 <input type="checkbox"/> Known → <input type="checkbox"/> Unknown	33. First DQA1* allele designations: _____ Second DQA1* allele designations: _____
34. Locus DPA1 <input type="checkbox"/> Known → <input type="checkbox"/> Unknown	35. First DPA1* allele designations: _____ Second DPA1* allele designations: _____

Antigens Defined by Serologic Typing	Questions: 36-41
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Use the following lists when reporting HLA-A and B antigens. Report broad antigens only when your laboratory was not able to confirm typing for a known split antigen.

Instructions for the use of the "X" Antigen Specificity for Typing By Serology

Each HLA locus has a serologically defined "X" antigen specificity: AX, BX, CX, DRX, DPX, and DQX. At this time an "X" specificity is defined as "unknown but known to be different from the other antigen at that locus." This is different from a blank specificity, which is defined as "unknown but assumed to be the same as the other antigen at that locus." When comparisons between recipient and donor antigens involve an "X" or "blank" specificity, the "X" or "blank" is assumed to be homozygous for the antigen reported at the locus. In other words, the search algorithm treats typings containing "blank" or "X" antigens in the same manner as known homozygous typings.

A Antigens

36. Number of antigens provided <input type="checkbox"/> one → <input type="checkbox"/> two →	37. Specificity – 1st antigen <table style="width: 100%; border: none;"> <tr> <td><input type="checkbox"/> A1</td> <td><input type="checkbox"/> A10</td> <td><input type="checkbox"/> A25(10)</td> <td><input type="checkbox"/> A32(19)</td> <td><input type="checkbox"/> A68(28)</td> </tr> <tr> <td><input type="checkbox"/> A2</td> <td><input type="checkbox"/> A11</td> <td><input type="checkbox"/> A26(10)</td> <td><input type="checkbox"/> A33(19)</td> <td><input type="checkbox"/> A69(28)</td> </tr> <tr> <td><input type="checkbox"/> A203</td> <td><input type="checkbox"/> A19</td> <td><input type="checkbox"/> A28</td> <td><input type="checkbox"/> A34(10)</td> <td><input type="checkbox"/> A74(19)</td> </tr> <tr> <td><input type="checkbox"/> A210</td> <td><input type="checkbox"/> A23(9)</td> <td><input type="checkbox"/> A29(19)</td> <td><input type="checkbox"/> A36</td> <td><input type="checkbox"/> A80</td> </tr> <tr> <td><input type="checkbox"/> A3</td> <td><input type="checkbox"/> A24(9)</td> <td><input type="checkbox"/> A30(19)</td> <td><input type="checkbox"/> A43</td> <td><input type="checkbox"/> AX</td> </tr> <tr> <td><input type="checkbox"/> A9</td> <td><input type="checkbox"/> A2403</td> <td><input type="checkbox"/> A31(19)</td> <td><input type="checkbox"/> A66(10)</td> <td></td> </tr> </table> 38. Specificity – 2nd antigen <table style="width: 100%; border: none;"> <tr> <td><input type="checkbox"/> A1</td> <td><input type="checkbox"/> A10</td> <td><input type="checkbox"/> A25(10)</td> <td><input type="checkbox"/> A32(19)</td> <td><input type="checkbox"/> A68(28)</td> </tr> <tr> <td><input type="checkbox"/> A2</td> <td><input type="checkbox"/> A11</td> <td><input type="checkbox"/> A26(10)</td> <td><input type="checkbox"/> A33(19)</td> <td><input type="checkbox"/> A69(28)</td> </tr> <tr> <td><input type="checkbox"/> A203</td> <td><input type="checkbox"/> A19</td> <td><input type="checkbox"/> A28</td> <td><input type="checkbox"/> A34(10)</td> <td><input type="checkbox"/> A74(19)</td> </tr> <tr> <td><input type="checkbox"/> A210</td> <td><input type="checkbox"/> A23(9)</td> <td><input type="checkbox"/> A29(19)</td> <td><input type="checkbox"/> A36</td> <td><input type="checkbox"/> A80</td> </tr> <tr> <td><input type="checkbox"/> A3</td> <td><input type="checkbox"/> A24(9)</td> <td><input type="checkbox"/> A30(19)</td> <td><input type="checkbox"/> A43</td> <td><input type="checkbox"/> AX</td> </tr> <tr> <td><input type="checkbox"/> A9</td> <td><input type="checkbox"/> A2403</td> <td><input type="checkbox"/> A31(19)</td> <td><input type="checkbox"/> A66(10)</td> <td></td> </tr> </table>	<input type="checkbox"/> A1	<input type="checkbox"/> A10	<input type="checkbox"/> A25(10)	<input type="checkbox"/> A32(19)	<input type="checkbox"/> A68(28)	<input type="checkbox"/> A2	<input type="checkbox"/> A11	<input type="checkbox"/> A26(10)	<input type="checkbox"/> A33(19)	<input type="checkbox"/> A69(28)	<input type="checkbox"/> A203	<input type="checkbox"/> A19	<input type="checkbox"/> A28	<input type="checkbox"/> A34(10)	<input type="checkbox"/> A74(19)	<input type="checkbox"/> A210	<input type="checkbox"/> A23(9)	<input type="checkbox"/> A29(19)	<input type="checkbox"/> A36	<input type="checkbox"/> A80	<input type="checkbox"/> A3	<input type="checkbox"/> A24(9)	<input type="checkbox"/> A30(19)	<input type="checkbox"/> A43	<input type="checkbox"/> AX	<input type="checkbox"/> A9	<input type="checkbox"/> A2403	<input type="checkbox"/> A31(19)	<input type="checkbox"/> A66(10)		<input type="checkbox"/> A1	<input type="checkbox"/> A10	<input type="checkbox"/> A25(10)	<input type="checkbox"/> A32(19)	<input type="checkbox"/> A68(28)	<input type="checkbox"/> A2	<input type="checkbox"/> A11	<input type="checkbox"/> A26(10)	<input type="checkbox"/> A33(19)	<input type="checkbox"/> A69(28)	<input type="checkbox"/> A203	<input type="checkbox"/> A19	<input type="checkbox"/> A28	<input type="checkbox"/> A34(10)	<input type="checkbox"/> A74(19)	<input type="checkbox"/> A210	<input type="checkbox"/> A23(9)	<input type="checkbox"/> A29(19)	<input type="checkbox"/> A36	<input type="checkbox"/> A80	<input type="checkbox"/> A3	<input type="checkbox"/> A24(9)	<input type="checkbox"/> A30(19)	<input type="checkbox"/> A43	<input type="checkbox"/> AX	<input type="checkbox"/> A9	<input type="checkbox"/> A2403	<input type="checkbox"/> A31(19)	<input type="checkbox"/> A66(10)	
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<input type="checkbox"/> A9	<input type="checkbox"/> A2403	<input type="checkbox"/> A31(19)	<input type="checkbox"/> A66(10)																																																										

B Antigens

39. Number of antigens provided

- one \longrightarrow
- two \longrightarrow

40. Specificity – 1st antigen

- | | | | | |
|-------------------------------|----------------------------------|----------------------------------|----------------------------------|----------------------------------|
| <input type="checkbox"/> B5 | <input type="checkbox"/> B27 | <input type="checkbox"/> B45(12) | <input type="checkbox"/> B56(22) | <input type="checkbox"/> B72(70) |
| <input type="checkbox"/> B7 | <input type="checkbox"/> B2708 | <input type="checkbox"/> B46 | <input type="checkbox"/> B57(17) | <input type="checkbox"/> B73 |
| <input type="checkbox"/> B703 | <input type="checkbox"/> B35 | <input type="checkbox"/> B47 | <input type="checkbox"/> B58(17) | <input type="checkbox"/> B75(15) |
| <input type="checkbox"/> B8 | <input type="checkbox"/> B37 | <input type="checkbox"/> B48 | <input type="checkbox"/> B59 | <input type="checkbox"/> B76(15) |
| <input type="checkbox"/> B12 | <input type="checkbox"/> B38(16) | <input type="checkbox"/> B49(21) | <input type="checkbox"/> B60(40) | <input type="checkbox"/> B77(15) |
| <input type="checkbox"/> B13 | <input type="checkbox"/> B39(16) | <input type="checkbox"/> B50(21) | <input type="checkbox"/> B61(40) | <input type="checkbox"/> B78 |
| <input type="checkbox"/> B14 | <input type="checkbox"/> B3901 | <input type="checkbox"/> B51(5) | <input type="checkbox"/> B62(15) | <input type="checkbox"/> B81 |
| <input type="checkbox"/> B15 | <input type="checkbox"/> B3902 | <input type="checkbox"/> B5102 | <input type="checkbox"/> B63(15) | <input type="checkbox"/> B82 |
| <input type="checkbox"/> B16 | <input type="checkbox"/> B40 | <input type="checkbox"/> B5103 | <input type="checkbox"/> B64(14) | <input type="checkbox"/> BX |
| <input type="checkbox"/> B17 | <input type="checkbox"/> B4005 | <input type="checkbox"/> B52(5) | <input type="checkbox"/> B65(14) | |
| <input type="checkbox"/> B18 | <input type="checkbox"/> B41 | <input type="checkbox"/> B53 | <input type="checkbox"/> B67 | |
| <input type="checkbox"/> B21 | <input type="checkbox"/> B42 | <input type="checkbox"/> B54(22) | <input type="checkbox"/> B70 | |
| <input type="checkbox"/> B22 | <input type="checkbox"/> B44(12) | <input type="checkbox"/> B55(22) | <input type="checkbox"/> B71(70) | |

41. Specificity – 2nd antigen

- | | | | | |
|-------------------------------|----------------------------------|----------------------------------|----------------------------------|----------------------------------|
| <input type="checkbox"/> B5 | <input type="checkbox"/> B27 | <input type="checkbox"/> B45(12) | <input type="checkbox"/> B56(22) | <input type="checkbox"/> B72(70) |
| <input type="checkbox"/> B7 | <input type="checkbox"/> B2708 | <input type="checkbox"/> B46 | <input type="checkbox"/> B57(17) | <input type="checkbox"/> B73 |
| <input type="checkbox"/> B703 | <input type="checkbox"/> B35 | <input type="checkbox"/> B47 | <input type="checkbox"/> B58(17) | <input type="checkbox"/> B75(15) |
| <input type="checkbox"/> B8 | <input type="checkbox"/> B37 | <input type="checkbox"/> B48 | <input type="checkbox"/> B59 | <input type="checkbox"/> B76(15) |
| <input type="checkbox"/> B12 | <input type="checkbox"/> B38(16) | <input type="checkbox"/> B49(21) | <input type="checkbox"/> B60(40) | <input type="checkbox"/> B77(15) |
| <input type="checkbox"/> B13 | <input type="checkbox"/> B39(16) | <input type="checkbox"/> B50(21) | <input type="checkbox"/> B61(40) | <input type="checkbox"/> B78 |
| <input type="checkbox"/> B14 | <input type="checkbox"/> B3901 | <input type="checkbox"/> B51(5) | <input type="checkbox"/> B62(15) | <input type="checkbox"/> B81 |
| <input type="checkbox"/> B15 | <input type="checkbox"/> B3902 | <input type="checkbox"/> B5102 | <input type="checkbox"/> B63(15) | <input type="checkbox"/> B82 |
| <input type="checkbox"/> B16 | <input type="checkbox"/> B40 | <input type="checkbox"/> B5103 | <input type="checkbox"/> B64(14) | <input type="checkbox"/> BX |
| <input type="checkbox"/> B17 | <input type="checkbox"/> B4005 | <input type="checkbox"/> B52(5) | <input type="checkbox"/> B65(14) | |
| <input type="checkbox"/> B18 | <input type="checkbox"/> B41 | <input type="checkbox"/> B53 | <input type="checkbox"/> B67 | |
| <input type="checkbox"/> B21 | <input type="checkbox"/> B42 | <input type="checkbox"/> B54(22) | <input type="checkbox"/> B70 | |
| <input type="checkbox"/> B22 | <input type="checkbox"/> B44(12) | <input type="checkbox"/> B55(22) | <input type="checkbox"/> B71(70) | |

Optional Antigen Reporting

Questions: 42-58

Please provide the following optional antigen information if it is available from your laboratory.

Antigens Defined by Serologic Typing

C Antigens

42. Number of antigens provided

- one \longrightarrow
- two \longrightarrow

43. Specificity – 1st antigen

- | | | | |
|------------------------------|------------------------------|----------------------------------|-----------------------------------|
| <input type="checkbox"/> Cw1 | <input type="checkbox"/> Cw4 | <input type="checkbox"/> Cw7 | <input type="checkbox"/> Cw10(W3) |
| <input type="checkbox"/> Cw2 | <input type="checkbox"/> Cw5 | <input type="checkbox"/> Cw8 | <input type="checkbox"/> CX |
| <input type="checkbox"/> Cw3 | <input type="checkbox"/> Cw6 | <input type="checkbox"/> Cw9(W3) | |

44. Specificity – 2nd antigen

- | | | | |
|------------------------------|------------------------------|----------------------------------|-----------------------------------|
| <input type="checkbox"/> Cw1 | <input type="checkbox"/> Cw4 | <input type="checkbox"/> Cw7 | <input type="checkbox"/> Cw10(W3) |
| <input type="checkbox"/> Cw2 | <input type="checkbox"/> Cw5 | <input type="checkbox"/> Cw8 | <input type="checkbox"/> CX |
| <input type="checkbox"/> Cw3 | <input type="checkbox"/> Cw6 | <input type="checkbox"/> Cw9(W3) | |

Bw Specificity

45. Specificity Bw4 present? yes no
 46. Specificity Bw6 present? yes no

DR Antigens

47. Number of antigens provided

- one →
 two →

48. Specificity – 1st antigen				
<input type="checkbox"/> DR1	<input type="checkbox"/> DR5	<input type="checkbox"/> DR10	<input type="checkbox"/> DR1403	<input type="checkbox"/> DR18(3)
<input type="checkbox"/> DR103	<input type="checkbox"/> DR6	<input type="checkbox"/> DR11(5)	<input type="checkbox"/> DR1404	<input type="checkbox"/> DRX
<input type="checkbox"/> DR2	<input type="checkbox"/> DR7	<input type="checkbox"/> DR12(5)	<input type="checkbox"/> DR15(2)	
<input type="checkbox"/> DR3	<input type="checkbox"/> DR8	<input type="checkbox"/> DR13(6)	<input type="checkbox"/> DR16(2)	
<input type="checkbox"/> DR4	<input type="checkbox"/> DR9	<input type="checkbox"/> DR14(6)	<input type="checkbox"/> DR17(3)	
49. Specificity – 2nd antigen				
<input type="checkbox"/> DR1	<input type="checkbox"/> DR5	<input type="checkbox"/> DR10	<input type="checkbox"/> DR1403	<input type="checkbox"/> DR18(3)
<input type="checkbox"/> DR103	<input type="checkbox"/> DR6	<input type="checkbox"/> DR11(5)	<input type="checkbox"/> DR1404	<input type="checkbox"/> DRX
<input type="checkbox"/> DR2	<input type="checkbox"/> DR7	<input type="checkbox"/> DR12(5)	<input type="checkbox"/> DR15(2)	
<input type="checkbox"/> DR3	<input type="checkbox"/> DR8	<input type="checkbox"/> DR13(6)	<input type="checkbox"/> DR16(2)	
<input type="checkbox"/> DR4	<input type="checkbox"/> DR9	<input type="checkbox"/> DR14(6)	<input type="checkbox"/> DR17(3)	

DR51 Specificity

50. Specificity DR51 present? yes no

DR52 Antigen

51. Specificity DR52 present? yes no

DR53 Antigen

52. Specificity DR53 present? yes no

DQ Antigens

53. Number of antigens provided

- one →
 two →

54. Specificity – 1st antigen				
<input type="checkbox"/> DQ1	<input type="checkbox"/> DQ3	<input type="checkbox"/> DQ5(1)	<input type="checkbox"/> DQ7(3)	<input type="checkbox"/> DQ9(3)
<input type="checkbox"/> DQ2	<input type="checkbox"/> DQ4	<input type="checkbox"/> DQ6(1)	<input type="checkbox"/> DQ8(3)	<input type="checkbox"/> DQX
55. Specificity – 2nd antigen				
<input type="checkbox"/> DQ1	<input type="checkbox"/> DQ3	<input type="checkbox"/> DQ5(1)	<input type="checkbox"/> DQ7(3)	<input type="checkbox"/> DQ9(3)
<input type="checkbox"/> DQ2	<input type="checkbox"/> DQ4	<input type="checkbox"/> DQ6(1)	<input type="checkbox"/> DQ8(3)	<input type="checkbox"/> DQX

DP Antigens

56. Number of antigens provided

- one →
 two →

57. Specificity – 1st antigen			
<input type="checkbox"/> DPw1	<input type="checkbox"/> DPw3	<input type="checkbox"/> DPw5	<input type="checkbox"/> DPX
<input type="checkbox"/> DPw2	<input type="checkbox"/> DPw4	<input type="checkbox"/> DPw6	
58. Specificity – 2nd antigen			
<input type="checkbox"/> DPw1	<input type="checkbox"/> DPw3	<input type="checkbox"/> DPw5	<input type="checkbox"/> DPX
<input type="checkbox"/> DPw2	<input type="checkbox"/> DPw4	<input type="checkbox"/> DPw6	

CIBMTR Center Number: _____

CIBMTR Recipient ID: _____

First Name: _____

Last Name: _____

E-mail address: _____

Date: __ __ / __ __ / __ __
 YYYY MM DD