Donor Histocompatibility (DHS) Fields to be completed by member

Form Section	Field Label
Provider Information	Lab Center Code
Provider Information	Lab Center Type
Provider Information	OPO Center Code
Provider Information	OPO Center Type
Donor Information	UNOS Donor ID//UNOS Donor ID #
Donor Information	Donor Type
Donor Typing	Donor HLA Typed
Donor Typing	Date Typing Complete Class I
Donor Typing	Target Source for Class I
3, 3	Typing Method Class I
Typing Method Class I	A
Typing Method Class I	A
Typing Method Class I	В
Typing Method Class I	В
Typing Method Class I	Bw4
Typing Method Class I	Bw6
Typing Method Class I	Cw
Typing Method Class I	Cw
Donor Typing	Date Typing Complete Class II
Donor Typing	Target Source for Class II
Typing Method Class II	Typing Method Class II
Typing Method Class II	DR
Typing Method Class II	DR
Typing Method Class II	DR51
Typing Method Class II	DR52
Typing Method Class II	DR53
Typing Method Class II	DQB
Typing Method Class II	DQB
Typing Method Class II	DOA
Typing Method Class II	DQA
Typing Method Class II	DPB
Typing Method Class II	DPB
Typing Method Class II	DPA
Typing Method Class II	DPA
Living Donor Information	Living Recipient Last Name
Living Donor Information	Living Recipient First Name
Living Donor Information/File	, , , , , , , , , , , , , , , , , , ,
Layout	SSN
Living Donor Information	Organ
Living Donor Information	Transplant Date
	Transplant Center

OMB No. 0915-0157 Expiration Date: XX/XX/20XX

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