

Recipient Histocompatibility

Recipient Histocompatibility (RHS) records are generated as soon as the Recipient Feedback is completed in Waitlist. For living donors, the RHS record is generated when Living Donor Feedback has been completed in Tiedi. The RHS 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 RHS record must be completed within 60 days from the record generation date. See [OPTN Policies](#) for additional information. Use the search feature to locate specific policy information on Data Submission Requirements.

To correct information that is already displayed in an electronic record, call the UNetSM Help Desk at 1-800-978-4334.

Provider Information

Lab: The lab responsible for form submission as identified by the transplant hospital at WaitlistSM removal or upon completion of living donor feedback.

TX Center: The recipient transplant hospital from WaitlistSM or as identified on the living donor feedback..

Recipient Information

Name: The recipient's name .

Transplant Date: The recipient's transplant date .

Note: The 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.

SSN: The recipient's social security number displays.

Organ(s): The recipient's transplanted organ(s) .

DOB: The recipient's date of birth.

Birth sex: The recipient's birth sex.

Most Recent CPRA: The recipient's CPRA from WaitlistSM at the time of removal.

Unacceptable Antigens: Recipient's most recent unacceptable antigens in WaitlistSM at the time of removal. These are the unacceptable antigens combined to calculate to the above CPRA.

Donor Information

UNOS Donor ID #: The donor's identification number.

Donor Type: The donor type displays.

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: If HLA typing was performed on this recipient, select **Yes**. If HLA typing was not performed, select **No**. This field is **required**. If HLA typing was done on the recipient, complete Section I.

HLA antibody screening done: If HLA antibody screening was done on the recipient, select **Yes**. If not, select **No**. This field is **required**. If screening was done on the recipient, complete Section II.

Prospective virtual crossmatch performed: Virtual crossmatch is the final immunologic assessment used to proceed with transplantation, consistent with CLIA regulation and laboratory policies. It is prospective if it is completed prior to transplantation. If virtual crossmatch testing was done on the recipient, select **Yes**. If not, select **No**. This field is **required**. If virtual crossmatch testing was done on the recipient, complete Section III.

Physical crossmatch done: If physical crossmatch testing was done on the recipient, select **Yes**. If not, select **No**. This field is **required**. If crossmatch testing was done on the recipient, complete Section IV.

If yes, was the crossmatch prospective to transplant: If the physical crossmatch was prospective, select **Yes**. If not, select **No**. If unknown, select **UNK**. If **Yes** is selected for **Physical crossmatch done**, this field is **required**.

Donor HLA retyped at your center: If the donor was retyped at your laboratory, select **Yes**. If not, select **No**. This field is **required**. If the donor was retyped at your laboratory, complete Section V.

Section I - Recipient HLA Typing

If '**Yes**' is selected for '**HLA typing done**', the fields in this section are **required**.

Date typing completed: Enter the date that the recipient was HLA-typed by the histocompatibility laboratory. Use the standard 8-digit numeric format of MM/DD/YYYY.

A, B, Bw4, Bw6, Cw, DR, DR51, DR52, DR53, DQB, DQA, DPB, DPA: Select the recipient's histocompatibility antigens. If the second antigen at a locus is blank, select '**No second antigen detected**'. If the recipient was not tested for a particular antigen, select '**Not tested**'. '**Null allele**' should only be selected if the lab performing the HLA testing reported a null allele at that locus. These fields are **required**.

Section II - HLA Antibody Screening

If '**Yes**' is selected for '**HLA antibody screening done**' field, the fields in this section are **required**.

Were any HLA antibodies detected pre-transplant?: Select **Yes** if any HLA antibodies were detected pre-transplant. If not, select **No**.

Were there donor specific HLA antibodies detected pre-transplant?: Select **Yes** if any antibodies were detected pre-transplant that are specific to the donor's HLA. If not, select **No**.

Section III - Virtual Crossmatch

Sample date of the most recent HLA antibody test used for virtual crossmatch: Enter the collection date of the patient sample corresponding to the most current anti-HLA antibody data utilized for virtual crossmatch. (MM/DD/YYYY)

Section IV - Physical Crossmatch

If **'Yes'** is selected for **'Crossmatch done'**, the fields in this section are **required**. If multiple crossmatches were performed, report data on crossmatches the transplant was based on.

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

Donor cell source: Select the source(s) from the available choices.

Peripheral Blood
Lymph Nodes
Spleen
Buccal Swab or Other

Which T-cell crossmatch tests were performed?: Select all tests performed from available choices.

Cytotoxicity
Flow Cytometry
Solid Phase
Not tested

Which B-cell crossmatch tests were performed?: Select all tests performed from available choices.

Cytotoxicity
Flow Cytometry
Solid Phase
Not tested

Section V - Donor Retyping

If **'Yes'** is selected for **Donor retyped at your center**, the fields in this section are **required**.

Donor HLA values entered in DonorNet or on the Donor Histocompatibility Form: A, B, Bw4, Bw6, Cw, DR, DR51, DR52, DR53, DQB, DQA, DPB, DPA: These fields are display only.

Date typing completed: Enter the date that the donor was HLA-typed by the histocompatibility laboratory. Use the standard 8-digit numeric format of MM/DD/YYYY.

A, B, Bw4, Bw6, Cw, DR, DR51, DR52, DR53, DQB, DQA, DPB, DPA: Select the donor's histocompatibility antigens as typed by the recipient's lab. If the second antigen at a locus is

blank, select **'No second antigen detected'**. If the donor was not tested for a particular antigen, select **'Not tested'**. **'Null allele'** should only be selected if the lab performing the HLA testing reported a null allele at that locus.

DR, DR51, DR52, DR53, DQB, DQA, DPB, DPA: Select the recipient's histocompatibility antigens. If the second antigen at a locus is blank, select **'No second antigen detected'**. If the recipient was not tested for a particular antigen, select **'Not tested'**. **'Null allele'** should only be selected if the lab performing the HLA testing reported a null allele at that locus. These fields are **required**.

Public Burden Statement: The private, non-profit Organ Procurement and Transplantation Network (OPTN) collects this information in order to perform the following OPTN functions: to assess whether applicants meet OPTN Bylaw requirements for membership in the OPTN; and to monitor compliance of member organizations with OPTN Obligations. 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 information collection is 0906-0010 and it is valid until XX/XX/202X. This information collection is required to obtain or retain a benefit per 42 CFR §121.11(b)(2). All data collected will be subject to Privacy Act protection (Privacy Act System of Records #09-15-0055). Data collected by the private non-profit OPTN also are well protected by a number of the Contractor's security features. The Contractor's security system meets or exceeds the requirements as prescribed by OMB Circular A-130, Appendix III, Security of Federal Automated Information Systems, and the Departments Automated Information Systems Security Program Handbook. The public reporting burden for this collection of information is estimated to average 0.29 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 Information Collection Clearance Officer, 5600 Fishers Lane, Room 14N39, Rockville, Maryland, 20857 or paperwork@hrsa.gov.