

Donor Histocompatibility Worksheet

FORM APPROVED: O.M.B. NO. 0915-0157 Expiration Date: 08/31/2023

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:

Provider Information

Lab:

OPO:

Donor Information

Donor Name:

UNOS Donor ID #:

Donor Type:

Donor Center Histocompatibility Typing

Donor HLA Typed:* YES NO UNK

Date Typing Complete Class I:

Target Source for Class I:

- Peripheral Blood
- Lymph Nodes
- Spleen
- Buccal Swab or Other

Typing Method Class I:

Serology DNA

A

A

B

B

Bw4

Bw6

C

C

Date Typing Complete Class II:

Target Source for Class II:

- Peripheral Blood
- Lymph Nodes
- Spleen
- Buccal Swab or Other

Typing Method Class II:

Serology DNA

DR

DR

DR51

DR51

DR52

DR52

DR53

DR53

DQB1

DQB1

DQA1

DQA1

DPB1

DPB1

DPA1

DPA1

Recipient of a Living Donor Information

Name:

SSN:

Organ Type:

Transplant Date:

Transplant Center: