## Donor Histocompatibility Worksheet

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**
  - **B**
  - **Bw4**
  - **Bw6**
  - **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
DQA1
DQA1
DPB1
DPB1
DPA1
DPA1

Recipient of a Living Donor Information

Name:
SSN:
Organ Type:
Transplant Date:
Transplant Center: