Recipient Histocompatibility Worksheet

Note: These worksheets are provided to function as a guide to what data will be required in the online $TIEDI^{\circledcirc}$ 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 $TIEDI^{\circledcirc}$ 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.

Provider Information		
Lab:		
TX Center:		
Recipient Information		
Name:	DOB:	
Transplant Date:		
SSN:	Gender	r:
HIC:		
Organ(s):		
Most Recent CPRA:	Peak C	PRA:
Unacceptable Antigens:		
Donor Information		
UNOS Donor ID#:		
Donor Type:		
Test Information		
HLA Typing Done: *	YES NO	If yes, complete Section I.
HLA Antibody Screening Done:∗	YES NO	If yes, complete Section II.
Physical Crossmatch Done: *	YES NO	If yes, complete Section III.
If yes, was the crossmatch prospective to transplant:	OYES ONO OUNK	
Donor Retyped at Your Center: *	YES NO	If yes, complete Section IV.
Section I - Recipient HLA Typing		
Date Typing Completed Class I:		
Typing Method Class I:		
□Serology □DNA		
A		
A		
В		
В		
Bw4		
Bw6		
C		
С		
Date Typing Completed Class II:		
Date Typing Completed Class II:		
Date Typing Completed Class II:		

Typing Method Class II:						
☐Serology ☐DNA						
DR						
DR						
DR51						
DR51						
DR52						
DR52						
DR53						
DR53						
DQB1						
DQB1						
DQA1						
DQA1						
DPB1						
DPB1						
DPA1						
DFAI						
DPA1						
Section II - HLA An						
Were any HLA antibodies	detected by:					
Cytotoxicity:					No Not Done	
Solid-phase:					No ONot Done	
Were there current donor	specific HLA antibodie	s?		YES	ONO OUNK	
Were there historical done	or specific HLA antibod	ies?		YES	ONO OUNK	
CPRA (%) - Most Recent:				ST=		
CPRA (%) - Peak:				ST=		
Section III - Crossn	natch					
Date of the most recent cr						
Cell Source:		Periphe	ral Blood			
		□Lymph I	Nodes			
		Spleen				
		□Buccal S	Swab or Other			
Which T-cell crossmatch t	ests were performed?		city No AHG		legative Positive	
		Cytotoxi			legative Positive	
		☐Flow Cyt			legative Positive	
		Solid Pha		<u></u>	legative Positive	
		∪not teste	su .			

Which hi	cell crossmatch tests were performed? storical crossmatch tests were performed?	Cytotoxicity No AHG Cytotoxicity AHG Flow Cytometry Solid Phase Not tested Cytotoxicity No AHG Cytotoxicity AHG Flow Cytometry Solid Phase Not tested		Negative Positive
	n IV - Donor Retyping etyped Class I:	OYES ONO OUNK		
A: A:	A values entered in DonorNet or on the Donor Histo B: B: 2 Typing Completed Class I:	Bw6:		C:
# F E E E E E E E E E E E E E E E E E E	3 3 3 3w4 3w6			
Donor Re	etyped Class II:	YES NO UNK		
DR: DR:	A values entered in DonorNet or on the Donor Histor DR51: DR52: DR53: 2 Typing Completed Class II:	ocompatibility Form: DR51: DR52: DR53:	DQB1: DQB1: DQA1: DQA1:	DPB1: DPB1: DPA1: DPA1:

DR51 DR51 DR52 DR52 DR53 DR53 DR53 DQ81 DQ81 DQ81 DQ81 DQ81 DQ81 DQ81 DQ81	□Serology □DNA	
DR51 DR51 DR52 DR52 DR53 DR53 DQ81 DQ81 DQA1 DQA1 DPB1 DPB1	DR	
DR52 DR52 DR53 DR53 DQ81 DQ81 DQ81 DQ81 DQA1 DD9B1	DR	
DR52 DR53 DR53 DQ81 DQ81 DQA1 DD91 DPB1 DPB1	DR51	
DR52 DR53 DR53 DQ81 DQ81 DQA1 DQA1 DPB1 DPB1	DR51	
DR52 DR53 DR53 DQ81 DQ81 DQA1 DQA1 DPB1 DPB1	DR52	
DR53 DR53 DQB1 DQB1 DQA1 DQA1 DPB1 DPB1		
DR53 DQB1 DQB1 DQA1 DQA1 DPB1 DPB1 DPB1		
DQB1 DQB1 DQA1 DQA1 DPB1 DPB1		
DQA1 DQA1 DPB1 DPB1	DR53	
DQA1 DQA1 DPB1 DPB1 DPA1	DQB1	
DQA1 DPB1 DPB1 DPB1	DQB1	
DPB1 DPB1 DPA1	DQA1	
DPB1 DPA1	DQA1	
DPA1	DPB1	
DPA1	DPB1	
	DPA1	

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