

Records ?

Donor Histocompatibility Worksheet

FORM APPROVED: O.M.B. NO. 0915-0157 Expiration Date: 07/31/2020

Note: These worksheets are provided to function as a guide to what data will be required in the online TIED1® 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 TIED1® 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 |
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| | |
|--------------------------|--|
| Donor HLA Typed:* | <input type="radio"/> YES <input type="radio"/> NO <input type="radio"/> UNK |
|--------------------------|--|

| | |
|--------------------------------------|----------------------|
| Date Typing Complete Class I: | <input type="text"/> |
|--------------------------------------|----------------------|

| | |
|-----------------------------------|---|
| Target Source for Class I: | <input type="checkbox"/> Peripheral Blood |
| | <input type="checkbox"/> Lymph Nodes |
| | <input type="checkbox"/> Spleen |
| | <input type="checkbox"/> Buccal Swab or Other |

| | |
|--|----------------------|
| Typing Method Class I: | |
| <input type="checkbox"/> Serology <input type="checkbox"/> DNA | |
| A | <input type="text"/> |
| A | <input type="text"/> |
| B | <input type="text"/> |
| B | <input type="text"/> |
| Bw4 | <input type="text"/> |
| Bw6 | <input type="text"/> |
| C | <input type="text"/> |
| C | <input type="text"/> |

| | |
|---------------------------------------|----------------------|
| Date Typing Complete Class II: | <input type="text"/> |
|---------------------------------------|----------------------|

| | |
|------------------------------------|---|
| Target Source for Class II: | <input type="checkbox"/> Peripheral Blood |
| | <input type="checkbox"/> Lymph Nodes |
| | <input type="checkbox"/> Spleen |
| | <input type="checkbox"/> Buccal Swab or Other |

| | |
|--|----------------------|
| Typing Method Class II: | |
| <input type="checkbox"/> Serology <input type="checkbox"/> DNA | |
| DR | <input type="text"/> |
| DR | <input type="text"/> |
| DR51 | <input type="text"/> |
| DR52 | <input type="text"/> |
| DR53 | <input type="text"/> |
| DQB1 | <input type="text"/> |
| DQB1 | <input type="text"/> |
| DQA1 | <input type="text"/> |

DQA1**DPB1****DPB1****DPA1****DPA1****Recipient of a Living Donor Information****Name:****SSN:****Organ Type:****Transplant Date:****Transplant Center:**