

Records ?

Recipient 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 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.

Provider Information

Lab:

TX Center:

Recipient Information

Name:

DOB:

Transplant Date:

SSN:

Gender:

HIC:

Organ(s):

Most Recent CPRA:

Peak CPRA:

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:

YES NO UNK

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

B

B

Bw4

Bw6

C

C

Date Typing Completed Class II:

Typing Method Class II:

Serology DNA

DR

DR

DR51

DR52

DR53

DQB1

DQB1

DQA1

DQA1

DPB1

DPB1

DPA1

DPA1

Section II - HLA Antibody Screening

Were any HLA antibodies detected by:

Cytotoxicity: Yes No Not Done

Solid-phase: Yes No Not Done

Were there current donor specific HLA antibodies? YES NO UNK

Were there historical donor specific HLA antibodies? YES NO UNK

CPRA (%) - Most Recent: ST=

CPRA (%) - Peak: ST=

Section III - Crossmatch

Date of the most recent crossmatch serum:

Cell Source:

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

Which T-cell crossmatch tests were performed?

- Cytotoxicity No AHG Negative Positive
- Cytotoxicity AHG Negative Positive
- Flow Cytometry Negative Positive
- Solid Phase Negative Positive
- Not tested Negative Positive

Which B-cell crossmatch tests were performed?

- Cytotoxicity No AHG Negative Positive
- Cytotoxicity AHG Negative Positive
- Flow Cytometry Negative Positive
- Solid Phase Negative Positive
- Not tested Negative Positive

Which historical crossmatch tests were performed?

- Cytotoxicity No AHG Negative Positive
- Cytotoxicity AHG Negative Positive
- Flow Cytometry Negative Positive
- Solid Phase Negative Positive
- Not tested Negative Positive

Section IV - Donor Retyping

Donor Retyped Class I: YES NO UNK

Donor HLA values entered in DonorNet or on the Donor Histocompatibility Form:

A: B: Bw4: C:

A: B: Bw6: C:

Date Typing Completed Class I:

Typing Method Class I:

Serology DNA

A

A**B****B****Bw4****Bw6****C****C****Donor Retyped Class II:** YES NO UNK

Donor HLA values entered in DonorNet or on the Donor Histocompatibility Form:

DR:	DR51:	DQB1:	DPB1:
DR:	DR52:	DQB1:	DPB1:
	DR53:	DQA1:	DPA1:
		DQA1:	DPA1:

Date Typing Completed Class II:**Typing Method Class II:** Serology DNA**DR****DR****DR51****DR52****DR53****DQB1****DQB1****DQA1****DQA1****DPB1****DPB1****DPA1****DPA1**