

Records

Donor Histocompatibility Worksheet

FORM APPROVED: O.M.B. NO. 0915-0157 Expiration Date: 10/31/2010

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: * <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"/> Thymocytes <input type="checkbox"/> Cell lines/clonal cells <input type="checkbox"/> Solid Matrix

Typing Method Class I: <input type="checkbox"/> Serology <input type="checkbox"/> DNA
A (1) <input type="text"/>
A (2) <input type="text"/>
B(1) <input type="text"/>
B (2) <input type="text"/>
Bw4

Bw6

Cw (1)

Cw (2)

Date Typing Complete Class II:

Target Source for Class II:

- Peripheral Blood
- Lymph Nodes
- Spleen
- Thymocytes
- Cell lines/clonal cells
- Solid Matrix

Typing Method Class II:

- Serology DNA

DR (1)

DR (2)

DR51

DR52

DR53

DQ (1)

DQ (2)

DPW (1)

DPW (2)

Recipient of a Living Donor Information

Name:

SSN:

Organ Type:

Transplant Date:

Transplant Center:

Haplotype Match:

- 0
- .5
- 1
- 1.5
- 2
- N/A Living Donor - Not Typed
- N/A Unrelated Donor
- UNKNOWN

UNOS View Only

Comments:

