

## 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

A

B

B

Bw4

Bw6

C

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**

**DQB1**

**DQB1**

**DQA1**

**DQA1**

**DPB1**

**DPB1**

**DPA1**

**DPA1**

**Recipient of a Living Donor Information**

**Name:**

**SSN:**

**Organ Type:**

**Transplant Date:**

**Transplant Center:**