

Histocompatibility Laboratory

Request a correction to a donor's or recipient's histocompatibility laboratory

Requestor's Information

Requestor's Institution Code

Requestor's Name

Requestor's Email

Request Email

Requestor's Phone Number

Request Phone Number

Request Detail

\* Select Request Type

Donor Demographics

\* First Name

\* Last Name

\* Date of Birth

\* Donor ID

\* Select Current Lab

\* Select New Lab

Request Detail

\* Select Request Type

Recipient Demographics

\* First Name

Middle Initial

\* Last Name

\* Date of Birth

\* SSN

\* Transplant Date

\* Organ Type

\* Select Current Lab

\* Select New Lab