

Physician information:

Patient:

## Request form HLA typing for HSCT

- |                          |   |              |   |
|--------------------------|---|--------------|---|
| <input type="checkbox"/> | <b>Recipient typing HSCT (first typing)</b><br>HLA-A*, -B*, -C*, -DRB1*, -DQB1*, DPB1*                            | <b>IR/HR</b> | <b>material:</b> 10ml EDTA-blood<br>(profile 1) |
| <input type="checkbox"/> | <b>Recipient typing HSCT (verification typing)</b><br>HLA-A*, -B*, -C*, -DRB1*, -DQB1*, DPB1*                     | <b>HR</b>    | <b>material:</b> 10ml EDTA-blood<br>(profile 2) |
| <input type="checkbox"/> | <b>Typing of members of the immediate family (first typing)</b><br>HLA-A*, -B*, -C*, -DRB1*, -DQB1*               | <b>IR/LR</b> | <b>material:</b> 10ml EDTA-blood<br>(profile 3) |
|                          | If identity with patient, in addition:<br>HLA-DRB1*, -DQB1*, -DPB1*   | <b>HR</b>    |   |
| <input type="checkbox"/> | <b>Typing of members of the immediate family (verification typing)</b><br>HLA-A*, -B*, -C*, -DRB1*, -DQB1*, DPB1* | <b>HR</b>    | <b>material:</b> 10ml EDTA-blood<br>(profile 9) |
| <input type="checkbox"/> | <b>Typing of unrelated donors</b><br>HLA-A*, -B*, -C*, -DRB1*, -DQB1*, DPB1*                                      | <b>HR</b>    | <b>material:</b> 10ml EDTA-blood<br>(profile 4) |

Diagnosis:

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Sampling date / time: \_\_\_\_\_

Signature: \_\_\_\_\_

Composition of the profiles according to DGI, ZKRD and EFI-Standards:

**LR** low resolution

**IR** intermediate resolution (class I: exon 2+3; class II: exon 2): no exclusion of null alleles and ambiguities,

**G Codes\*** for sequence homologous alleles and allele combinations, if applicable, the serological equivalent

**HR** high resolution: in addition to IR: exclusion of null alleles and ambiguities

\* Code: [www.ebi.ac.uk/imgt/hla/ambig.html](http://www.ebi.ac.uk/imgt/hla/ambig.html)