

## PRELIMINARY SEARCH REQUEST

<b>Date of Request:</b> ____ / ____ / ____ day month year	<b>Is this search urgent?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <b>Are mismatches accepted?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Matching Preferences</b> __ / __ 10__ <input type="checkbox"/> Allele Level <input type="checkbox"/> Antigen Level Accepted Mismatches: locus_____
<b>Last name:</b>		<b>First Name:</b>
<b>Date of Birth:</b> ____ / ____ / ____ day month year	<b>Gender:</b> <input type="checkbox"/> Male <input type="checkbox"/> Female <b>Weight:</b> _____ kg	<b>CMV Status:</b> <input type="checkbox"/> Positive <input type="checkbox"/> Negative <input type="checkbox"/> Unknown
<b>Diagnosis:</b>		<b>Date of Diagnosis:</b> ____ / ____ / ____ Day Month Year
<b>Race (optional):</b>		<b>Geographic Ethnicity (optional):</b>

### Patient Class I typing results:

	A	B	C
<b>First antigen:</b>			
<b>Second antigen:</b>			
<b>Testing method:</b>	<input type="checkbox"/> Sero. <input type="checkbox"/> DNA	<input type="checkbox"/> Sero. <input type="checkbox"/> DNA	<input type="checkbox"/> Sero. <input type="checkbox"/> DNA

### Patient Class II typing results:

	DRB1	DRB3/4/5	DQB1	DPB1
<b>First antigen:</b>				
<b>Second antigen:</b>				
<b>Testing method:</b>	<input type="checkbox"/> Sero. <input type="checkbox"/> DNA	<input type="checkbox"/> Sero. <input type="checkbox"/> DNA	<input type="checkbox"/> Sero. <input type="checkbox"/> DNA	<input type="checkbox"/> Sero. <input type="checkbox"/> DNA

**ARE HAPLOTYPES IDENTIFIED:**  YES  NO

<b>REQUESTING REGISTRY / SEARCH CENTER:</b>		<b>COORDINATOR:</b>
<b>Telephone:</b>	<b>Fax:</b>	<b>Email:</b>
<b>Transplant Center:</b>		

Thank you, on behalf of this patient.