Form 2005 R5.0: Confirmation of HLA Typing

Center: CRID:

Key Fields

OMB No: 0915-0310
Expiration Date: 1/31/2017

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Sequence Number: __________________________
Date Received: __ __ __ __ - __ __
CIBMTR Center Number: __________________________
CIBMTR Recipient ID: __________________________

Date of HCT for which this form is being completed: __ __ __ __ - __ __

HCT type: (check all that apply)

- Autologous
- Allogeneic, unrelated
- Allogeneic, related

Product type: (check all that apply)

- Bone marrow
- PBSC
- Single cord blood unit
- Multiple cord blood units
- Other product
  Specify: __________________________

Donor/Cord Blood Unit Identification

This form must be completed for all non-NMDP allogeneic or syngeneic donors or recipients, or non-NMDP cord blood units. If the donor, recipient, or cord blood unit was secured through the NMDP, then report HLA typing on the appropriate NMDP forms.

A separate copy of this form should be completed for each non-NMDP donor, recipient, or cord blood unit. Parental typing (maternal and paternal) should be submitted for all mismatched related donor transplants (CRF track only), if available. Cord blood maternal typing should be submitted for all unrelated cord blood transplants (CRF track only), if available.

1 Specify the person for whom this typing is being done __________________________

2 Non-NMDP unrelated donor ID: __________________________ (not applicable for related donor)

3 Non-NMDP cord blood unit ID: __________________________ (include related and autologous CBUs)

4 Is the cord blood unit maternal HLA typing available?
  yes - Complete form 2005 to report cord blood unit maternal HLA typing
  no __________________________

5 Specify recipient’s biological relative and typing __________________________

6 Specify other biological relative and typing __________________________
**Date of birth**

- Known
- Unknown

**Age**

- Known
- Unknown

**Sex**

- Male
- Female

**Was the person for whom this typing is being done used as the donor?**

- Yes
- No

**Was documentation submitted to the CIBMTR?**

- Yes
- No

**HLA Typing by DNA Technology**

Questions: 13 - 35

**Class I**

- **Locus A**

  - Known
  - Unknown

  **First A* allele designations:**
  **Second A* allele designations:**

- **Locus B**

  - Known
  - Unknown

  **First B* allele designations:**
  **Second B* allele designations:**

- **Locus C**

  - Known
  - Unknown

  **First C* allele designations:**
  **Second C* allele designations:**

**Class II**

- **Locus DRB1**

  - Known
  - Unknown

  **First DRB1* allele designations:**
  **Second DRB1* allele designations:**

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*Mail, fax or email this form to Minneapolis. Fax: 612-627-5895. Email: scanform@nmdp.org. Retain the original form at the transplant center.*
Class II (Optional)  
Please provide the optional allele information if it is available from your laboratory.

22 Locus DRB3
- Known
- Unknown

23 First DRB3\(^*\) allele designations: ___________________  Second DRB3\(^*\) allele designations: ___________________

24 Locus DRB4
- Known
- Unknown

25 First DRB4\(^*\) allele designations: ___________________  Second DRB4\(^*\) allele designations: ___________________

26 Locus DRB5
- Known
- Unknown

27 First DRB5\(^*\) allele designations: ___________________  Second DRB5\(^*\) allele designations: ___________________

28 Locus DQB1
- Known
- Unknown

29 First DQB1\(^*\) allele designations: ___________________  Second DQB1\(^*\) allele designations: ___________________

30 Locus DPB1
- Known
- Unknown

31 First DPB1\(^*\) allele designations: ___________________  Second DPB1\(^*\) allele designations: ___________________

32 Locus DQA1
- Known
- Unknown

33 First DQA1\(^*\) allele designations: ___________________  Second DQA1\(^*\) allele designations: ___________________

34 Locus DPA1
- Known
- Unknown

35 First DPA1\(^*\) allele designations: ___________________  Second DPA1\(^*\) allele designations: ___________________

Antigens Defined by Serologic Typing  Questions: 36 - 41

Use the following lists when reporting HLA-A and B antigens. Report broad antigens only when your laboratory was not able to confirm typing for a known split antigen.

Instructions for the use of the "X" Antigen Specificity for Typing By Serology

Each HLA locus has a serologically defined "X" antigen specificity; AX, BX, CX, DRX, DPX, and DQX. At this time an "X" specificity is defined as "unknown but known to be different from the other antigen at that locus." This is different from a blank specificity, which is defined as "unknown but assumed to be the same as the other antigen at that locus." When comparisons between recipient and donor antigens involve an "X" or "blank" specificity, the "X" or "blank" is assumed to be homozygous for the antigen reported at the locus. In other words, the search algorithm treats typings containing "blank" or "X" antigens in the same manner as known homozygous typings.

A Antigens

36 Number of antigens provided
- one
- two

37 Specificity – 1st antigen _______________________

38 Specificity – 2nd antigen _______________________

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**B Antigens**

39 Number of antigens provided

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<th>one</th>
<th>two</th>
</tr>
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</table>

40 Specificity – 1st antigen

41 Specificity – 2nd antigen

**Antigens Defined by Serologic Typing**

**C Antigens**

42 Number of antigens provided

|   | one | two |

43 Specificity – 1st antigen

44 Specificity – 2nd antigen

**Bw Specificity**

45 Specificity Bw4 present?

| yes | no |

46 Specificity Bw6 present?

| yes | no |

**DR Antigens**

47 Number of antigens provided

|   | one | two |

48 Specificity – 1st antigen

49 Specificity – 2nd antigen

**DR51 Specificity**

50 Specificity DR51 present?

| yes | no |

**DR52 Antigen**

51 Specificity DR52 present?

| yes | no |

**DR53 Antigen**

52 Specificity DR53 present?

| yes | no |

**DQ Antigens**

53 Number of antigens provided

|   | one | two |

54 Specificity – 1st antigen
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<th>Answer</th>
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