Form 2005 R6.0: Confirmation of HLA Typing

Center: CRID:

Key Fields

OMB No: 0915-0310
Expiration Date: 1/31/2020

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Sequence Number:
Date Received: __ __ __ __ - __ __- __ __
CIBMTR Center Number:
CIBMTR Research ID:
CIBMTR Recipient ID: __ __ __ __ - __ __- __ __
Initials: __________________________
Event date: __ __ __ __ - __ __- __ __

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: __________________________
7 Date of birth (donor/infant)
  - Known
  - Unknown
8 Date of birth: __ __ __ __ - __ __- __ __
   (donor/infant)
9 Age (donor/infant)
  - Known
  - Unknown
10 Age: __________________________
   (donor/infant)
   - Months (use if less than 1 year old)
   - Years
11 Sex (donor/infant)
  - Male
  - Female

Mail, fax or email this form to Minneapolis. Fax: 612-627-5895. Email: scanform@nmdp.org. Retain the original form at the transplant center.
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12 Was the person for whom this typing is being done used as the donor?
- yes - no

13 Was documentation submitted to the CIBMTR?
- Yes - No

HLA Typing by DNA Technology

Questions: 13 - 35

Class I
14 Locus A
- Known - Unknown
15 First A* allele designations: ____________________________ Second A* allele designations: ____________________________
16 Locus B
- Known - Unknown
17 First B* allele designations: ____________________________ Second B* allele designations: ____________________________
18 Locus C
- Known - Unknown
19 First C* allele designations: ____________________________ Second C* allele designations: ____________________________

Class II
20 Locus DRB1
- Known - Unknown
21 First DRB1* allele designations: ____________________________ Second DRB1* allele designations: ____________________________

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

Mail, fax or email this form to Minneapolis. Fax: 612-527-5895. Email: scanform@nmdp.org.
Retain the original form at the transplant center.
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 treatstypings 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

B Antigens
39 Number of antigens provided
   - one
   - two
40 Specificity – 1st antigen
41 Specificity – 2nd antigen

Optional Antigen Reporting

Please provide the following optional antigen information if it is available from your laboratory.

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
55 Specificity – 2nd antigen

DP Antigens
56 Number of antigens provided
   - one
   - two