

LABORATORY		SAMPLE	
Customer: C / <div style="text-align: center; color: #ccc;">Mandatory Stamp</div>		Collection date: Whole blood EDTA (>5mL) Refrigerated (tolerated room temperature within 7 days) <b style="color: red;">Non compliant samples will not be processed.	
PATIENT		PRESCRIBER	
NAME..... FIRST NAME..... Family name..... Address ZIP Town Date of birth: 		NAME..... FIRST NAME..... Place of practice (clinical department, hospital, city, country) Tel. Fax E-mail address: <b style="color: red;">The physician declares that he/she has read the bioclinical protocol	
For all initial transplant service requests, please enclose the signed bioclinical protocol.			
1. What is the indication of the HLA typing?			
<div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Organ transplantation <input type="checkbox"/> Bone marrow transplantation </div> <div>Specify organ :</div> </div>			
2. Specify where the recipient will be transplanted			
<b style="color: red;">Transplant center (this analysis is not available if the transplant takes place in France) Service..... Hospital..... City..... Country.....			
3. Who is the PATIENT BEING SAMPLED? Recipient or donor?	4. Is this typing the 1st or the confirmation one?	5. What resolution do you need? low or high?	
<input type="checkbox"/> RECIPIENT <i>In case of bone marrow transplantation: do not harvest in the blast phase</i>	<input type="checkbox"/> 1st TYPING	<input type="checkbox"/> LOW (class I AB + class II DR DQ) <i>Code : HL1BM + 90301</i>	
<input type="checkbox"/> DONOR In this case, who is the RECIPIENT? (last name / first name / date of birth/ relationship to recipient) : Recipient HLA typed at CERBA : <input type="checkbox"/> Yes, CERBA file n°: <input type="checkbox"/> No, attach a copy	<input type="checkbox"/> 2nd TYPING Confirmatory typing, mandatory before transplantation, for the recipient and the selected donor <i>In this case, the 1st typing was performed at the CERBA laboratory:</i> <input type="checkbox"/> Yes, CERBA file n° : <input type="checkbox"/> No, attach a copy	<input type="checkbox"/> HIGH (NGS 11 loci, ABC DRB1 DRB3/4/5 DQA1 DQB1 DPA1 DPB1) <i>Code: HLA12</i>	