

Welsh Bone Marrow Donor Registry (WBMDR)

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Request for High resolution typing

WBM-821 Rev 29/03/2019

Your	Ref	No.		
WBM	IDR	No.		

Patient Information

Surname:							TxU ID:					
Forename:							D.C	D.B. (dd/m	ım/yyyy):			
HLA-	Α	В	С	DRB1	DRB3	DRB4	DRI	B5	DQA1	DQB1	DPA1	DPB1
*HAPLO/ *PHENO												
TYPE(S)												

* delete as appropriate

Donor Identification Numbers

Please undertake intermediate/high resolution typing of the following loci:

Α	В	С	DRB1	DRB3	
DRB4	DRB5	DQA1	DQB1	DPB1	

Please send report and invoice to

CF72 9WB	
Talbot Green,	Fax No: +44 1443 622076
Ely Valley Road,	
Welsh Blood Service	
WBMDR	Date:
Request sent to:	
	Fax No:
	Telephone No.:

gnature:	Date (dd/mm/yyyy):
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