

Histocompatibility & Immunogenetics Report

NHS
Blood and Transplant



EUROPEAN
FEDERATION FOR
IMMUNOGENETICS

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Report to:

HEAD OF BLOOD TRANSFUSION
HOSPITAL TRANSFUSION LABORATORY
NON EXISTING HOSPITAL
TESTING ADDRESS
TESTING TOWN
TE1 2ST

Sample Number: 099 11 18 003870 O



Date Bled: No date given

Date Received: 14-Dec-2018 11:06:04

Original Requester: HEAD OF BLOOD TRANSFUSION

Copies To:

Surname: **Platelet**

D.o.B: **21-Jul-2017**

ABO RhD: **A RhD negative**

Hematos No: **5537241801**

Address:

Forename: **Patient**

Hospital No:

NHS No:

External Ref: **38700/18**

HLA Typing Results:

Test Results:

Locus Name		
HLA A	A*01:01:01	A*02:01:01
HLA B	B*15:01:01	B*44:02:01
HLA C	C*03:03:01	C*05:01:01

Testing performed on peripheral blood unless otherwise indicated.
HLA typing performed by Next Generation Sequencing.

REPORT AUTHORISED BY: H&I Authorising Scientist