Histocompatibility & Immunogenetics Report





Colindale Centre Charcot Road London NW9 5BG

Direct Line: 0208 957 2812 Fax: 0208 957 2717

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 Forename: Patient

D.o.B: **21-Jul-2017** Hospital No: ABO RhD: **A RhD negative** NHS No:

Hematos No: 5537241801 External Ref: 38700/18

Address:

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

Accredited to ISO 15189:2012 by the United Kingdom Accreditation Service (Number: 9239). The scope of our accreditation can be found at the following location:

https://www.ukas.com/wp-content/uploads/schedule_uploads/00007/9239%20Medical%20Multiple.pdf

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