## **Histocompatibility & Immunogenetics** Report





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Report to:

TRANSPLANT CO-ORDINATOR Renal Department NON EXISTING HOSPITAL **TESTING ADDRESS TESTING TOWN** TE1 2ST

Sample Number: 099 61 18 014929 U

Date Bled: 19-Dec-2018 24-Dec-2018 11:22:00

Date Received: Original Requester: TRANSPLANT CO-ORDINATOR

Copies To:

Surname: Renal

21-Jan-1990 D.o.B: ABO RhD: O RhD positive

Hematos No: Address:

5518504784

Forename: **Patient** 12458966 Hospital No:

NHS No: External Ref:

**HLA Typing Results:** 

Test Results:		
Locus Name		
HLA A	A*01:01	A*33:01
HLA B	B*37:01	B*40:02
HLA C	C*02:02	C*06:02
HLA DRB1	DRB1*07:01	DRB1*13:01
HLA DRB3	DRB3*02:02	-
HLA DRB4	DRB4*01:01	-
HLA DQA1	DQA1*01:03	DQA1*02:01
HLA DQB1	DQB1*02:02	DQB1*06:03
HLA DPA1	DPA1*01:03	-
HLA DPB1	DPB1*04:01	DPB1*15:01

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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