SEARCH REQUEST FORM

To be completed by transplant centre



Date of request	13/03/2025		Transplant centre	Fictional center			
request			1				
Searches to be	⊠ UK	□ International	☐ Mismatches	□ Cord]		
run					1		
Time to transplant	⊠ Exploratory search		☐ Planned transplant		☐ Urgent transplant		
Patient type	⊠ NHS	☐ Private	Adults / Paeds	⊠ Adult	☐ Paediatric		
PATIENT IDENTIFICATION							
First name	Sample		Middle Name				
Surname	Sampleson						
		1		-			
Sex at Birth		DOB (day/month/year)	01/01/1899	Hospital number	123456		
Diagnosis	Samplea			Date of Diagnosis	01/02/1799		
Diagnosis	Samplea			Date of Diagnosis	01/02/1733		
Weight (kg)	40	ABO RhD	AB Negative	CMV Status	Negative		
			the patient HLA typing reporwithout high resolution typing		gn resolution HLA typing		
TRANSPLANT CE	NTRE						
Requesting centre (to whom reports will be sent) Invoicing details							
Name			Name				
			7				
Address			Address				
			1				
			1				
Phone number			Phone number				
			1				
Email			Email				
			_				
PATIENT ETHNICITY							
Asian or Asian British	☐ Asian or Asian British – Bang	gladeshi □ Asian or	Asian British – East Asian	☐ Asian or Asian Bri	tish – Indian		
	☐ Asian or Asian British – Pakistani ☐ Asian or Asian British - Any other Asian background						

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Black or Black British	☐ Black or Black British – African	☐ Black or Black British — Caribbean				
	☐ Black or Black British – Any other Black background					
Jewish	□ Jewish					
Mixed	☐ Mixed – White and Asian	☐ Mixed – White and Black African	☐ Mixed – White and Black Caribbean			
	☐ Mixed – Any other mixed background					
North African and Middle Eastern	□ North African and Middle Eastern					
White	☐ White – British	☐ White – Irish	☐ White – Any other White background			
Other Ethnic Groups	☐ Other Ethnic Groups – Any other ethnic group					
Unknown	□ Not known	□ Not stated				
	□ Not available (to the person completing the form)					