

HLA TYPING REPORT

Patient Information

Last Name	: [REDACTED]	Date Of Birth	: [REDACTED]
First Name	: [REDACTED]	Histo ID	: Patient ID 2
Hospital	: [REDACTED]	MR#	: [REDACTED]
Physician	: [REDACTED]		
Diagnosis	: Voucher Holder	Received On	: 20-Mar-2020
Specimen Type	: Buccal Swab	Collected On	: 17-Mar-2020

A*	B*	C*	DRB1*	DRB345*	DQB1*	DQA1*	DPB1*	DPA1*
FAILED	FAILED	FAILED	FAILED	DRB3*FAILED	FAILED	FAILED	FAILED	FAILED
FAILED	FAILED	FAILED	FAILED	DRB4*FAILED	FAILED	FAILED	FAILED	FAILED

Typing Status : Complete

Note:

1. Allele Database Version :3.37.0 (Jul 2019)
2. Sequencing Technology :
3. Reagent Information : Lot Number available upon request.

Report History

Reported Date	History	Comments
01-Apr-2020	Patient: *****	Due to the low amount of DNA we were not able to get successful typing. The same problem was found from all of the swab samples from this donor/patient which seems like the sample was not collected well.

DIRECTOR / ASSOCIATE DIRECTOR _____