***Form for submission of instructive cases patient-based EPT***

Please fill in all information you have available (anonymized). Also provide raw Solid Phase Assay data in a separate excel sheet if applicable. We would like to be able contact you in case more information is required, so please provide us with your contact details.

Center code:

Contact person:

E-mail address:

Telephone number:

**Recipient information**

**Recipient date of birth:**

**Recipient gender: m / f** (encircle as required)

**Recipient blood group:**

**Recipient HLA type:**

**Immunizing events:**

**Typing of children** (in case of female recipient)

Child 1

Child 2

Child 3

**Typing of previous transplants**

Transplant 1

Transplant 2

Transplant 3

**Antibody information**

Antibody specificities confirmed in CDC:

Please include raw data from Solid Phase assay (Luminex and/or ELISA, if relevant) in separate excel file(s).

Unacceptable mismatches:

Acceptable mismatches (in case of AM patient):

**Historical antibody information (if relevant):**

**Other relevant information:**

**Donor information**

**Donor blood group:**

**Donor HLA type:**

**CDC crossmatch results:**

|  |  |  |  |
| --- | --- | --- | --- |
| Unseparated | T cells | B cells | Final results |
| (-) DTT | (+) DTT | (-) DTT | (+) DTT | (-) DTT | (+) DTT | (-) DTT | (+) DTT |
|  |  |  |  |  |  |  |  |

**Advice given in the center:**

**Outcome of transplantation (if performed):**