

# NEW AM PATIENT

NAME:

ET-Nr:

Centre:

e-mail:

Tel:

LATEST TEST DATE:

UNACC AG:

ACAG:

Date:

Name and signature of submitter:

Remarks:

Yours sincerely

Marian Witvliet, ETRL

Prof. Dr. Ilias I.N. Doxiadis

ACAG= acceptable antigens

rpmm=repeated mismatch

Please e mail to: [etrl@lumc.nl](mailto:etrl@lumc.nl)