

TRANSPLANTATION IMMUNOLOGY UNIT
ALLERGY AND IMMUNOLOGY RESEARCH CENTRE
INSTITUTE FOR MEDICAL RESEARCH
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For IMR Laboratory Use Only

Received Stamp :		RECIPIENT	DONOR 1	DONOR 2	DONOR 3	DONOR 4
	Lab.No.					
	DNA No.					
	Volume / Quantity					
Received By :	Sample Condition	<input type="checkbox"/> Good <input type="checkbox"/> Others:	<input type="checkbox"/> Good <input type="checkbox"/> Others:	<input type="checkbox"/> Good <input type="checkbox"/> Others:	<input type="checkbox"/> Good <input type="checkbox"/> Others:	<input type="checkbox"/> Good <input type="checkbox"/> Others:

*Note: The full name, stamp and signature of the Medical Officer requesting the test MUST be provided.
The date and test requested MUST be provided.*