



EDUCATION QUESTIONNAIRE

FOR RECIPIENT LABORATORIES WILLING TO ACCEPT VISITORS

Please fill up and turn in to Paulo Santos (paulo@histocentro.min-saude.pt or fax +351 239 480 790)

INSTITUTION _____ Accreditation: EFI ___ ASHI ___ Other ___ (_____) Address _____ e-mail _____ Tel _____ Fax _____

Director _____ e-mail _____ Tel _____ Fax _____

Head of Laboratory (or Supervisor) _____ e-mail _____ Tel _____ Fax _____

Responsible person for educational hosting _____ e-mail _____ Tel _____ Fax _____

Languages spoken for educational purposes English ___ French ___ German ___ Other ___ (_____)
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Technology Serology: CDC ___ ELISA ___ Flow ___ Other ___ (_____) DNA: 2-digit ___ 4-digit ___ PCR-SSP ___ PCR-SSOP ___ LIPA ___ PCR-SBT ___ Luminex ___ Other: _____
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Applications <i>Organ Transplant:</i> Recipient typing ___ Antibody screening ___ Donor typing ___ Cross match ___ <i>H SCT:</i> Donor registry ___ Related donor ___ Unrelated donor ___ Cord blood <i>Disease association studies:</i> _____ <i>Transfusion:</i> _____ <i>Other:</i> _____
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Comments/Remarks _____ _____ _____ _____
