



**MBC USE ONLY
BARCODE**

Memorial Blood Centers Donor Testing Laboratory
 737 Pelham Blvd., St. Paul, MN 55114-1739 CLIA # 24D0663800
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 CentralReceiving@innovativeblood.org

Affix Patient Label Here

Required Fields – Source ID and/or Patient	ADDITIONAL INFORMATION	SAMPLE INFORMATION
Facility Name:	DOB:	Collection Date/Time:
Client Code:	Patient ID:	Freeze Date:
Source ID:	Physician:	Removed From Red Cells Date/Time:
Patient Last Name:	Patient First Name:	

PANELS 1-6: <input type="checkbox"/> ADD WNV <input type="checkbox"/> ADD CONFIRMATORY	PANELS A-D: CONFIRMATORY INCLUDED
<input type="checkbox"/> Panel 1: HBsAg, HBc, MPX NAT, HCV, HIV, STS, CT/NG <input type="checkbox"/> Panel 2: HBsAg, HBc, MPX NAT, HCV, HIV, HTLV, STS, CMV, CT/NG <input type="checkbox"/> Panel 3: HBsAg, HBc, MPX NAT, HCV, HIV, HTLV, STS, ABO/Rh, CMV <input type="checkbox"/> Panel 4: HBsAg, HBc, MPX NAT, HCV, HIV, HTLV, STS, CMV <input type="checkbox"/> Panel 5: HBsAg, HCV, HIV <input type="checkbox"/> Panel 6: HBsAg, HCV, HIV, STS	<input type="checkbox"/> Panel A: HBsAg, HBc, MPX NAT, HCV, HIV, HTLV, T.cruzi, STS, CMV, WNV NAT <input type="checkbox"/> Panel B: HBsAg, HBc, MPX NAT, HCV, HIV, HTLV, T.cruzi, STS, ABO/Rh, RBC Antibody Screen, CMV, WNV NAT <input type="checkbox"/> Panel C: HBsAg, HBc, MPX NAT, HCV, HIV, HTLV, T.cruzi, STS, WNV NAT <input type="checkbox"/> Panel D: HBsAg, HBc, MPX NAT, HCV, HIV, STS, WNV NAT

TEST	TEST ONLY	TEST & REFLEX	MISCELLANEOUS TESTS	CONFIRMATORY/ SUPPLEMENTAL TESTS	
HBsAg	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> ABO/Rh	<input type="checkbox"/> Anti-HCV EIA (ORTHO)	<input type="checkbox"/> T.cruzi EIA (ORTHO)
HBc Total	<input type="checkbox"/>	NA	<input type="checkbox"/> Red Cell Antibody <input type="checkbox"/> Sickle Cell Screen	<input type="checkbox"/> MP HTLV Blot 2.4 <input type="checkbox"/> Anti-HTLV-I/II EIA (AVIOQ)	<input type="checkbox"/> Geenius HIV 1/2 Supplemental (Bio-Rad) <input type="checkbox"/> Abbott Chagas ESA
HCV	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> HLA Class I/II Antibody	<input type="checkbox"/> Anti-HBs (ADVIA)	<input type="checkbox"/> CMV IgM EIA (Bio-Rad)
HIV-1/2+O	<input type="checkbox"/>	<input type="checkbox"/>	NAT /PCR TESTS	<input type="checkbox"/> HBsAg Confirmatory	<input type="checkbox"/> CMV IgG EIA (Bio-Rad)
HTLV-I/II	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> MPX (HIV/HCV/HBV)	<input type="checkbox"/> Anti-HBc-IgM	BLOOD DONOR REENTRY PANELS <input type="checkbox"/> HBV <input type="checkbox"/> HIV <input type="checkbox"/> HCV
T. cruzi.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> WNV	<input type="checkbox"/> Chlamydia/ Gonorrhea	
STS	<input type="checkbox"/>	NA	<input type="checkbox"/> ZIKA	<input type="checkbox"/> Rapid Plasma Reagin (RPR)	
CMV	<input type="checkbox"/>	<input type="checkbox"/> IgM <input type="checkbox"/> IgM/IgG	<input type="checkbox"/> Babesia		

NUMBER OF SAMPLES SENT	MBC USE ONLY – SAMPLE ACCEPTABILITY
_____ Serum _____ Urine/Swabs _____ Plasma (fill between black lines) _____ Babesia	<input type="checkbox"/> Frozen Initial _____ <input type="checkbox"/> Ambient Date _____ <input type="checkbox"/> Refrigerated