

MBC USE ONLY

BARCODE

**Affix Patient Label Here**

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Required Fields – Source ID and/or Patient** | | | | **ADDITIONAL INFORMATION** | | | | **SAMPLE INFORMATION** | | | |
| Facility Name:   |  | | --- | | **②** | | | | | DOB:   |  | | --- | | **⑥** | | | | | Collection Date/Time:   |  | | --- | | **⑩** | | | | |
| Client Code:   |  | | --- | | **③** | | | | | Patient ID:   |  | | --- | | **⑦** | | | | | Freeze Date:   |  | | --- | | **⑪** | | | | |
| Source ID:   |  | | --- | | **④** | | | | | Physician:   |  | | --- | | **⑧** | | | | | Removed From Red Cells Date/Time:   |  | | --- | | **⑫** | | | | |
| Patient Last Name:   |  | | --- | | **⑤** | | | | | Patient First Name:   |  | | --- | | ⑨ | | | | | | | | |
| **PANELS 1-6: ADD WNV ADD CONFIRMATORY** | | | | | | **PANELS A-D: CONFIRMATORY INCLUDED** | | | | | |
| * **Pane**l **1**: HBsAg, HBc, MPX NAT, HCV, HIV, STS, CT/NG * **Panel 2**: HBsAg, HBc, MPX NAT, HCV, HIV, HTLV, STS, CMV, CT/NG * **Panel 3**: HBsAg, HBc, MPX NAT, HCV,HIV, HTLV, STS, ABO/Rh, CMV * **Panel 4:** HBsAg, HBc, MPX NAT, HCV, HIV, HTLV, STS, CMV * **Panel 5**: HBsAg, HCV, HIV * **Panel 6:** HBsAg, HCV, HIV, STS | | | | | | * **Panel**  **A**: HBsAg, HBc, MPX NAT, HCV, HIV, HTLV, T.cruzi, STS, CMV, WNV NAT * **Panel**  **B**: HBsAg, HBc, MPX NAT, HCV, HIV, HTLV, T.cruzi, STS, ABO/Rh, RBC Antibody Screen, CMV, WNV NAT * **Panel C**: HBsAg, HBc, MPX NAT, HCV, HIV, HTLV, T.cruzi, STS, WNV NAT * **Panel D**: HBsAg, HBc, MPX NAT, HCV, HIV, STS, WNV NAT | | | | | |
| **TEST** | **TEST ONLY** | **TEST & REFLEX** | | | **miscellaneous TESTS** | | **CONFIRMATORY/** **supplemental TESTS** | | | | |
| HBsAg |  |  | | | * ABO/Rh | | * Anti-HCV EIA (ORTHO) | | * T.cruzi EIA (ORTHO) | | |
| HBc Total |  | NA | | | * Red Cell Antibody | | * MP HTLV Blot 2.4 | | * Geenius HIV 1/2 Supplemental (Bio-Rad) | | |
| * Sickle Cell Screen | | □ Anti-HTLV-I/II EIA (AVIOQ) | |
| HCV |  |  | | | * HLA Class I/II Antibody | | * Abbott Chagas ESA | | |
| HIV-1/2+O |  |  | | | **NAT /PCR TESTS** | | * Anti-HBs (ADVIA) | | * CMV IgM EIA (Bio-Rad) | | |
| HTLV-I/II |  |  | | | * MPX (HIV/HCV/HBV) | | * HBsAg Confirmatory | | * CMV IgG EIA (Bio-Rad) | | |
| T. cruzi. |  |  | | | * WNV | | * Anti-HBc-IgM | | **BLOOD DONOR REENTRY PANELS** | | |
| STS |  | NA | | | * ZIKA | | * Chlamydia/   Gonorrhea | | * **HBV** | * **HIV** | * **HCV** |
| CMV |  | * IgM | * IgM/IgG | | * Babesia | | * Rapid Plasma Reagin (RPR) | |

|  |  |  |  |
| --- | --- | --- | --- |
| **NUMBER OF SAMPLES SENT** | | **MBC USE ONLY – SAMPLE ACCEPTABILITY** | |
| \_\_\_\_\_\_\_\_\_Serum  \_\_\_\_\_\_\_\_\_Plasma | \_\_\_\_\_\_\_\_\_Urine/Swabs  (fill between black lines)  \_\_\_\_\_\_\_\_\_Babesia | * Frozen * Ambient * Refrigerated | Initial\_\_\_\_\_\_\_\_  Date\_\_\_\_\_\_\_\_\_\_ |

|  |  |
| --- | --- |
| **Field** | **Description** |
| 1 | If applicable, attach patient label in box located in the upper right corner. |
| 2 | The name of your facility. |
| 3 | The MBC generated code for your Facility. Client code displays on lab reports in the header. (Please call 651-332-7111 if code is unknown). |
| 4 | Patient’s or donor’s unique ID -- non-Social Security number (will display on result report). |
| 5+9 | Patient’s or donor’s last name and first name (will display on results report). |
| 6 | Patient’s or donor’s date of birth, if applicable (will display on results report). |
| 7 | A second unique Patient ID, if applicable (will display on results report). |
| 8 | The Physician ordering the testing, if applicable (will display on results report). |
| 10 | Collection date and time of samples (MM/DD/YY HHMM AM/PM) (will display on results report). |
| 11 | Date samples were frozen (MM/DD/YY). |
| 12 | Date and time plasma and/or serum was removed from red cells (MM/DD/YY HHMM AM/PM). |
| 13-14 | Clearly check the box next to the requested panel. Only check one box in 13 or 14. |
| 13 | Panels 1-6 have options to add WNV and/or Confirmatory testing by checking box in header.   * + See table below for tests and their associated reflex testing.   + For panels with CMV: 2, 3, and 4:     - CMV total does not reflex when ADD CONFIRMATORY is selected       * If CMV Total confirmatory testing is needed, select TEST & REFLEX for CMV in field 16.       * CMV Total will reflex to both CMV IgM and CMV IgG |
| 14 | Panels A-D include WNV and reflex to Confirmatory testing.   * See table below for tests and their associated reflex testing. * For panels with CMV: A and B:   + CMV total does not reflex.     - If CMV Total confirmatory is needed, select TEST & REFLEX for CMV in field 16.     - CMV Total will reflex to both CMV IgM EIA and CMV IgG. |
| 15-20 | Clearly check the box next to the requested tests. Single or multiple tests can be selected from these sections. |
| 15 | List of individual tests with no reflex to confirmatory testing. |
| 16 | List of Individual tests that will reflex if positive to confirmatory testing.  • See table below for tests and their associated reflex testing. |
| 17 | Miscellaneous tests (no reflex available). |
| 18 | List of individual PCR tests (no reflex available). |
| 19 | List of individual confirmatory and supplemental tests. |
| 20 | Blood donor reentry panels for HBV, HCV, and HIV.   * HBV Panel (need 1 purple top tubes)   + - * MPX 2.0 NAT       * HBsAg (No reflex)       * HBc * HCV Panel (need 2 purple top tubes)   + - MPX 2.0 NAT     - HCV (No reflex)     - Anti-HCV EIA (ORTHO) * HIV Panel (need 1 purple top tube)   + - MPX 2.0 NAT     - HIV (No reflex) |
| 21 | Write the number of tubes sent: Serum (Red top), Plasma (Purple/Pink top), and Urine/Swab. |

|  |  |  |
| --- | --- | --- |
| **Abbreviated Test Name on Form** | **Full Analyte/Target Name** | **Reflex to Confirmatory Test** |
| HBsAg | HBsAg | HBs Neutralization |
| HBc Total or HBc | Anti-HBC Total | No reflex available |
| HCV | Anti-HCV | Anti-HCV EIA (ORTHO) |
| HIV-1/2+O or HIV | Anti-HIV 1,2 + O | Geenius HIV ½ Supplemental (Bio-Rad) |
| HTLV I/II or HTLV | Anti-HTLV I/II | MP HTLV Blot 2.4 |
| CMV | Anti-CMV Total (IgG + IgM) | CMV IgM and IgG EIA (Bio-Rad) |
| T.Cruzi | Anti-T. cruzi | Abbott Chagas ESA |
| STS | Syphilis/ Anti-Treponema pallidum | No reflex available |
| MPX | MPX 2.0 (HCV/HIV/HBV) | No reflex available |
| WNV or WNV NAT | West Nile Virus | No reflex available |
| ZIKA | Zika Virus | No reflex available |
| CT/NG | Chlamydia/Gonorrhea PCR | No reflex available |