



Mendez National Institute of Transplantation
 MNIT Serology Laboratory- CLIA # 05D0962012
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Accession Number: *(Lab Use Only)*

Time Received: _____

Time Confirmed: _____

MNIT LABORATORY TESTING REQUISITION

Donor/Sample Information:

(Donors Last Name/ ID#)	(Donors First Name)	(Middle Initial)	Date of Birth	Gender F / M	Age
Date Collected	Time Collected	Collect Comment	Specimen ID#	Additional ID#	Additional ID#
<input type="checkbox"/> Living Donor (Non-Cadaveric)	<input type="checkbox"/> Pre-Transplant <input type="checkbox"/> Post-Transplant	<input type="checkbox"/> Pre-Mortem <input type="checkbox"/> Post-Mortem	<input type="checkbox"/> Pre-Transfusion <input type="checkbox"/> Post-Transfusion	<input type="checkbox"/> Research	<input type="checkbox"/> Organ Donor <input type="checkbox"/> Tissue Donor (≤ 30 Days of Age)

By ordering a profile, you are acknowledging that you are ordering & will receive results for specified components. Organ remaining/residual samples are archived.

Report Results To:

<input type="checkbox"/> Client Name Address: _____ Fax: _____	<input type="checkbox"/> Send Additional Reports To: <input type="checkbox"/>
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Laboratory Panels:

<input type="checkbox"/> Tissue Donor Panel 1 HIV 1&2, HBs Ag, HBc Total, HCV, HIV / HCV / HBV NAT, RPR, ABO/Rh, & HTLV I/II (Complete)	<input type="checkbox"/> Tissue Donor Panel 2 HIV 1&2, HBs Ag, HBc Total, HCV, HIV / HCV / HBV NAT, RPR, & HTLV I/II (No ABO / Rh)	<input type="checkbox"/> Tissue Donor Panel 3 HIV 1&2, HBs Ag, HBc Total, HCV, HIV / HCV / HBV NAT, & RPR (No HTLV & ABO / Rh)	<input type="checkbox"/> Tissue Donor Panel 4 HIV 1&2, HBs Ag, HBc Total, HCV, HIV / HCV / HBV NAT, RPR, & ABO/Rh (No HTLV)
<input type="checkbox"/> Organ Donor Panel 6 HIV 1&2, HBs Ag, HBc Total, HCV, HIV / HCV / HBV NAT, RPR, ABO/Rh, CMV IgG & IgM, EBV IgG & IgM (No HTLV)	<input type="checkbox"/> Research Only Panel 1 HIV 1&2, HBs Ag, & HCV	<input type="checkbox"/> Research Only Panel 2 HIV 1&2, HBs Ag, HCV, HTLV I/II, & RPR	<input type="checkbox"/> Research Only nPOD Study GAD Ab, & IA2 Ab

Individual Tests:

Chagas (T. Cruzi Ab)
 West Nile Virus IgM
 West Nile Virus NAT
 Hgb A1c
 ABO/Rh
 HIV / HCV / HBV NAT
 HTLV I/II
5-55 yrs

Other(s): _____

Please Complete for ALL NAT Testing:

Centrifuged: Yes No If Yes Please Provide Date: _____ and Time: _____

Refrigerated: Yes No If Yes Please Provide Start Date: _____ and Time: _____

Coordinator Full Name (Please Print First and Last Name):

Phone # _____	Fax # _____

Tissue Bank Team Use Only			
Tube Type: (Red top, EDTA)	Manufacturer:	Lot Number:	Expiration Date:

For NIT Use Only	
SPECIMENS RECEIVED	
Specimen Tubes	Specimen Quality
_____ Red	_____
_____ EDTA	_____
_____ Tiger	_____
_____ Plasma	_____
_____ Serum	_____
<input type="checkbox"/> Accept <input type="checkbox"/> Reject	

Comments / Update By: _____