Mendez National Institute of Transplantation
MNIT Serology Laboratory – **CLIA # 05D0962012**
221 South Figueroa Street, Suite 510
Los Angeles, CA. 90012
Tel 213.229.3654 Fax 213.229.3659

MNIT Tissue Laboratory Services
REQUISITION

Accession Number:*(Lab Use Only)*

____

Time Received: ___________

Time Confirmed: __________

Donor Name or ID# (Last)	(First)	(Initial)
Date of Birth	Gender	Age
Date Collected	Time Collected	Collect Comment
Additional ID #	Additional ID #	Specimen ID #

☒ Idaho Lions Eye Bank
70 N. Latah Street
Boise, ID. 83706
208.338.6543 - Fax

Send Additional Reports To:
❑
❑

Sample Information

❑ Pre-Mortem	❑ Living Donor (non-Cadaveric)	❑ Cord Blood
❑ Post-Mortem	❑ Organ	❑ Maternal
❑ Pre-Transfusion		❑ Flow
❑ Post-Transfusion		❑ Research

By Ordering a Profile, You are Acknowledging that you are Ordering and will Receive Results for Specified Components

All Remaining / Residual Samples are Archived

❑ **Tissue Donor Profile Panel 1**	❑ **Tissue Donor Profile Panel 2**	❑ **Tissue Donor Profile Panel 3**
HIV 1&2, HBsAG, HBc Total, HCV, HIV/HCV NAT, RPR, HTLV 1/2, ABO/Rh	HIV 1&2, HBsAG, HBc Total, HCV, HIV/HCV NAT, RPR, HTLV 1/2, (No ABO/Rh)	HIV 1&2, HBsAG, HBc Total, HCV, HIV/HCV NAT, RPR, (No HTLV or ABO/Rh)

Individual Tests

❑ ABO/Rh	❑ HBs Ag	❑ CMV Total	❑ HTLV I/II
❑ HBc Total Ab	❑ HCV Ab	❑ EBV IgG	❑ RPR
❑ HBc IgM	❑ CMV IgG	❑ EBV IgM	❑ HIV-1/HCV NAT
❑ HBs Ab	❑ CMV IgM	❑ HIV 1&2 Ab	❑ WNV NAT

Please complete for ALL NAT Testing

Centrifuged:	Yes ❑	No ❑	If Yes,	If Yes, Date: __________	and Time: __________
Refrigerated:	Yes ❑	No ❑	If Yes,	(Start) Date: __________	and Time: __________
				(End) Date __________	And Time: __________
Frozen:	Yes ❑	No ❑	If Yes,	(Start) Date: __________	and Time: __________
				(End) Date: __________	and Time: __________

Coordinator Name:	Telephone Number: