



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

Accession Number: *(Lab Use Only)*

Time Received: _____

Time Confirmed: _____

**MNIT Tissue Laboratory Services
 REQUISITION**

Donor Name or ID# (Last) (First) (Initial)	<input type="checkbox"/> LifeSharing 3465 Camino del Rio S., Suite 410 San Diego, CA . 92108
Date of Birth Gender Age	<input type="checkbox"/> San Diego Eye Bank 9246 Lightwave Avenue Suite 120 San Diego, CA . 92123 858.694.0581 - fax
Date Collected Time Collected Collect Comment	<input type="checkbox"/> MEO 858-495-5956 <input type="checkbox"/> CryoLife 770-590-3774 <input type="checkbox"/> MTF 732-661-2388 <input type="checkbox"/> Allosource 720-873-4848 <input type="checkbox"/> RTI 386-418-0443 <input type="checkbox"/> LifeNet 800-886-2768 <input type="checkbox"/> LifeCell 908-947-1093 <input type="checkbox"/> Other _____
OPO ID# UNOS ID # Specimen ID #	
Sample Information <input type="checkbox"/> Pre-Mortem <input type="checkbox"/> Living Donor <input type="checkbox"/> Cord Blood <input type="checkbox"/> Post-Mortem (Non-Cadaveric) <input type="checkbox"/> Maternal <input type="checkbox"/> Pre-Transfusion <input type="checkbox"/> Organ <input type="checkbox"/> Flow <input type="checkbox"/> Post-Transfusion <input type="checkbox"/> Research	
By ordering a Profile, You are Acknowledging that you are Ordering _____ and will Receive Results for Specified Components	
All Remaining / Residuals Samples are Archived	

<input type="checkbox"/> Panel 1 Eye & Tissue Donors HIV 1/2 Ab, HBsAg, HbC Total, HCV, HIV/HCV NAT, RPR, ABO/ Rh, HTLV I/II	<input type="checkbox"/> Panel 2 SDEB or MTF only HIV 1/2 Ab, HBsAg, HbC Total, HCV, HIV/HCV NAT, RPR, ABO / Rh (No HTLV)	<input type="checkbox"/> Panel 3 Organs & Tissues ABO/Rh, HBsAg, HbC Ab, HCV Ab, HIV 1/2 Ab, CMV IgG & IgM, EBV IgG & IgM, RPR, HTLV I/II, HIV-1/HCV/WNV NAT, WNV IgM, Hgb A1c 5-55 yo.	<input type="checkbox"/> Panel 4 Organs Only ABO/Rh, HBsAg, HbC Ab, HCV Ab, HIV 1/2 Ab, CMV IgG & IgM, EBV IgG & IgM, RPR, HIV-1/HCV/WNV NAT, WNV IgM Hgb A1c 5-55 yo. (No HTLV)
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Individual Tests

Chagas Testing (T. cruzi antibody - EIA) Other(s): _____

Please complete for ALL NAT Testing

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

Refrigerated: Yes No If Yes (Start) Date: _____ and Time _____

Coordinator Name: _____ **Telephone Number:** _____ **Fax:** _____

Comments / Updates by: _____

SDEB and Lifesharing Organ's Team use only			
Tube type: <i>(Red top, EDTA, ETC)</i>	Manufacturer	Lot Number:	Expiration Date