



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 LABORATORY TESTING REQUISITION

Donor/Sample Information:

(Donors Last Name/ ID#)	(Donors First Name)	(Middle Initial)	Date of Birth	Gender	Age
				F / M	
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. All organ remaining/ residual samples are archived.

Report Results To:

<input type="checkbox"/> Lifesharing 3465 Camino del Rio S. Suite 410 San Diego CA 92108 Fax: (619) 521-2833	<input type="checkbox"/> San Diego Eye Bank: 9246 Lightwave Avenue Suite 120 San Diego CA 92123 Fax: (858) 694-0581	<input type="checkbox"/> Send Additional Reports To: <input type="checkbox"/> MEO (858) 495-5956 <input type="checkbox"/> MTF (732) 661-2388 <input type="checkbox"/> RTI (386) 418-0443 <input type="checkbox"/> IB (480) 563-0810 <input type="checkbox"/> Other _____	<input type="checkbox"/> BBA (866) 882-0222 <input type="checkbox"/> Allosource (720) 873-4848 <input type="checkbox"/> LifeNet (800) 886-2768 <input type="checkbox"/> LifeCell (908) 947-1093
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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 <i>(Complete)</i>	<input type="checkbox"/> Tissue Donor Panel 4 HIV 1&2, HBs Ag, HBc Total, HCV, HIV / HCV / HBV NAT, RPR, & ABO / Rh <i>(No HTLV)</i>	<input type="checkbox"/> Organs Only HIV 1&2, HBs Ag, HBc Total, HCV, HIV / HCV / HBV NAT, RPR, ABO/Rh, CMV IgG & IgM, EBV IgG & IgM, WNV IgM, WNV NAT, & Hgb A1c <i>(No HTLV)</i>	<input type="checkbox"/> Organs & Tissues HIV 1&2, HBs Ag, HBc Total, HCV, HIV / HCV / HBV NAT, RPR, ABO/Rh, HTLV I/II, CMV IgG & IgM, EBV IgG & IgM, WNV IgM, WNV NAT, & Hgb A1c <i>Panel 5+WNV+Hgb A1c</i>
<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	

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 # _____

LS & SDEB 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: _____