



**Mendez National Institute of Transplantation**

MNIT Serology Laboratory – CLIA # 05D0962012  
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Accession Number: *(Lab Use Only)*

Time Received: \_\_\_\_\_

Time Confirmed: \_\_\_\_\_

**MNIT Tissue Laboratory Services  
 REQUISITION**

|   |                 |  |                 |
|---|-----------------|--|-----------------|
| Donor Name or ID#<br>(Last) (First) (Initial)   |                 | <input checked="" type="checkbox"/> Nevada Donor Network<br>2085 E. Sahara Avenue<br>Las Vegas, NV. 89104<br>702-796-9600<br><br><b>Send Additional Reports To:</b><br><input type="checkbox"/> 1526 LifeNet<br><input type="checkbox"/> 1366 LifeCell |                 |
| Date of Birth   | Gender          |  | Age             |
| Date Collected  | Time Collected  |  | Collect Comment |
| Additional ID #   | Additional ID # |  | Specimen ID #   |
| <b>Sample Information</b><br><input type="checkbox"/> Pre-Mortem <input type="checkbox"/> Living Donor <input type="checkbox"/> Cord Blood<br><input type="checkbox"/> Post-Mortem    (non-Cadaveric) <input type="checkbox"/> Maternal<br><input type="checkbox"/> Pre-Transfusion <input type="checkbox"/> Organ <input type="checkbox"/> Flow<br><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 / Residual Samples are Archived  |                 |
| <input type="checkbox"/> <b>Tissue Donor Profile Panel 1 – (3333)</b><br>HBsAG, HBc Total, HTLV I/II, HCV, HIV 1&2, RPR,<br>ABO Rh, HIV-1/HCV NAT   |                 |  |                 |

**Individual Tests**

|                                       |                                  |                                     |  |
|---------------------------------------|----------------------------------|-------------------------------------|--|
| <input type="checkbox"/> ABO/Rh       | <input type="checkbox"/> HBs Ag  | <input type="checkbox"/> CMV Total  | <input type="checkbox"/> HTLV I/II     |
| <input type="checkbox"/> HBc Total Ab | <input type="checkbox"/> HCV Ab  | <input type="checkbox"/> EBV IgG    | <input type="checkbox"/> RPR           |
| <input type="checkbox"/> HBc IgM      | <input type="checkbox"/> CMV IgG | <input type="checkbox"/> EBV IgM    | <input type="checkbox"/> HIV-1/HCV NAT |
| <input type="checkbox"/> HBs Ab       | <input type="checkbox"/> CMV IgM | <input type="checkbox"/> HIV 1&2 Ab | <input type="checkbox"/> WNV NAT       |

**Please complete for ALL NAT Testing**

|               |  |         |                     |                 |
|---------------|--|---------|---------------------|-----------------|
| Centrifuged:  | Yes <input type="checkbox"/> No <input type="checkbox"/> | If Yes, | If Yes, Date: _____ | and Time: _____ |
| Refrigerated: | Yes <input type="checkbox"/> No <input type="checkbox"/> | If Yes, | (Start) Date: _____ | and Time: _____ |
|               |  |         | (End) Date _____    | And Time: _____ |
| Frozen:       | Yes <input type="checkbox"/> No <input type="checkbox"/> | If Yes, | (Start) Date: _____ | and Time: _____ |
|               |  |         | (End) Date: _____   | and Time: _____ |

|                   |                   |
|-------------------|-------------------|
| Coordinator Name: | Telephone Number: |
|-------------------|-------------------|