



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	
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	<input type="checkbox"/> Maternal

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"/> Nevada Donor Network 2085 E. Sahara Avenue Las Vegas, NV 89104 Fax: (702) 796-0482	<input type="checkbox"/> Tissue Net Fax: (407) 380-2660 <input type="checkbox"/> LifeNet Fax: (757) 464-1520	<input type="checkbox"/> Send Additional Reports To:
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Laboratory Panels:

<input type="checkbox"/> Organ Donor NDN Panel 1 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 <i>(No HTLV)</i>	<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 <i>(No HTLV)</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"/> 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 # _____

NDN 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: _____