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#**

☐ **Tissue Donor** ☐ Pre-Mortem ☐ Post-Mortem ☐ Pre-Transfusion ☐ Post-Transfusion ☐ Research ☐ Maternal
(Maternal: ≤ 30 Days of Age)

By ordering a profile, you are acknowledging that you are ordering & will receive results for specified components.

Report Results To:

☐ Lions Eye Bank of Oregon
2201 SE 11th Avenue
Portland, OR 97214
Fax: (503) 808-7011

☐ Send Additional Reports To:

☐

Laboratory Panels:

☐ **Tissue Donor Panel 1**	☐ **Tissue Donor Panel 2**	☐ **Tissue Donor Panel 3**
HIV 1&2, HBs Ag, HBc Total, HCV, HIV / HCV / HBV NAT, RPR, ABO/ Rh, & HTLV I/II ***(Complete)***	HIV 1&2, HBs Ag, HBc Total, HCV, HIV / HCV / HBV NAT, RPR, & HTLV I/II ***(No ABO / Rh)***	HIV 1&2, HBs Ag, HBc Total, HCV, HIV / HCV / HBV NAT, & RPR ***(No HTLV & ABO / Rh)***

Individual Tests:

☐ Chagas (T. Cruzi Ab) ☐ West Nile Virus IgM ☐ West Nile Virus NAT ☐ Hgb A1c (5-55 yrs) ☐ ABO/Rh ☐ HIV / HCV / HBV NAT ☐ HTLV I/II

☐ 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 #

LEBO 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	☐ Accept ☐ Reject

Comments / Update By: ____________________