**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:

☐ SightLife
221 Yale Avenue N.
Suite 450
Seattle WA 98109-5490
Fax: (206) 838-4661

☐ Send Additional Reports To:

☐

### Laboratory Panels:

| ☐ **Tissue Donor Panel 1** | ☐ **Tissue Donor Panel 2** | ☐ **Tissue Donor Panel 3** | ☐ **Research Only Panel 1** | ☐ **Research Only Panel 2** |
|---|---|---|---|---|
| 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 I/II or ABO/Rh)*** | HIV 1&2, HBs Ag, HCV | 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 (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 # |
|---|---|
| | |

| **SightLife Team Use Only** | | | |
|---|---|---|---|
| Tube Type: (Red top, EDTA) | Manufacturer: | Lot Number: | Expiration Date: |
| | | | |
| | | | |
| | | | |
| | | | |

| **For NIT Use Only** | |
|---|---|
| SPECIMENS RECEIVED | |
| Specimen Tubes | Specimen Quality |
| ______ Red<br>______ EDTA<br>______ Tiger<br>______ Plasma<br>______ Serum | ______<br>______<br>______<br>☐ Accept ☐ Reject |

Comments / Update By: ______________________________