



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-Mortem <input type="checkbox"/> Post- Mortem <input type="checkbox"/> Pre-Transfusion <input type="checkbox"/> Post-Transfusion <input type="checkbox"/> Organ Donor <input type="checkbox"/> Research <input type="checkbox"/> 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:

<input type="checkbox"/> West Coast Clinical Laboratory Address: 7636 Burnet Ave Van Nuys, Ca 91405 Fax: (818) 908-3600	<input type="checkbox"/> Send Additional Reports To: <input type="checkbox"/>
---	---

Laboratory Panels:

<input type="checkbox"/> Organs or Tissues Panel 5 HIV 1&2, HBs Ag, HBc Total, HCV, RPR, ABO/ Rh, CMV IgG & IgM, EBV IgG & IgM, & HTLV I/II	<input type="checkbox"/> WCCL Panel 1 HIV / HCV / HBV NAT, Chagas (T. Cruzi Ab), & West Nile Virus NAT
---	--

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 #

WCCL 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: _____
