



Mendez
NATIONAL INSTITUTE
of TRANSPLANTATION
at the S. Mark Taper Foundation Transplant Center

National Institute of Transplantation
 Transplantation Serology Laboratory
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 Medical Director: Mien Hardy, MD, FCAP
 CLIA #: 05D0962012

Patient Demographics

Patient name: _____ Date of Birth: _____ Age: _____ UNOS #: _____	NIT USE ONLY:
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Specimen Information

Draw Date: _____	Case #: _____
Draw Time: _____	<input type="checkbox"/> Pre <input type="checkbox"/> Post

CLIENTS

<input type="checkbox"/> OneLegacy	<input type="checkbox"/> GSDS	<input type="checkbox"/> IDS	<input type="checkbox"/> NMDS	<input type="checkbox"/> LCNW	<input type="checkbox"/> RCHTC
<input type="checkbox"/> CTDN	<input type="checkbox"/> Lifesharing	<input type="checkbox"/> NDN	<input type="checkbox"/> SVMC	<input type="checkbox"/> PNTB	<input type="checkbox"/> WCCL

Contact Information

Coordinator: _____	
Tel #: _____	Fax #: _____

Tests

<input type="checkbox"/> PANEL I - ABO/Rh; HBs Ag; HBc Ab, HCV Ab; HIV 1/2 Ab, HTLV I/II Ab; CMV IgG & IgM; EBV IgG & IgM; RPR	<input type="checkbox"/> NAT (HIV-1/HCV) Nucleic Acid Testing for HIV-1/HCV	<input type="checkbox"/> Chagas Testing T. cruzi antibody - EIA
<input type="checkbox"/> Hgb A1c Quantitative Hgb A1c by HPLC	<input type="checkbox"/> WNV (West Nile Virus) NAT & ELISA (IgM)	<input type="checkbox"/> ABO/Rh

NIT USE ONLY

___ Red	___ Yellow	___ EDTA	___ Tiger	___ Pearl	___ Green	___ Blue	___ Gold	___ Plasma	___ Serum
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Date/Time Received: _____ Received by: _____

Comments: _____
