



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

National Institute of Transplantation
 Transplantation Serology Laboratory
 221 South Figueroa Street, Suite 510
 Los Angeles, CA. 90012
 Tel 213.229.3654 Fax 213.229.3659
 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"/> PNTB	<input type="checkbox"/> _____
<input type="checkbox"/> CTDN	<input type="checkbox"/> Lifesharing	<input type="checkbox"/> NDN	<input type="checkbox"/> LCNW	<input type="checkbox"/> WCCL	<input type="checkbox"/> _____

Contact Information

Coordinator: _____	
Tel #: _____	Fax #: _____

Tests

<input type="checkbox"/> PANEL I - ABO/Rh; HBs Ag; HBc Ab, HCV Ab; HIV 1/2 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
<input type="checkbox"/> HTLV I/II		

NIT USE ONLY

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

Comments: _____