Memorial BLOOD CENTERS

MBC USE ONLY
BARCODE

Memorial Blood Centers Donor Testing Laboratory
737 Pelham Blvd., St. Paul, MN 55114-1739 CLIA # 24D0663800
Phone - 651-332-7111 Fax – 651-332-7005
CentralReceiving@innovativeblood.org

Affix Patient Label Here

Required Fields – Source ID and/or Patient	ADDITIONAL INFORMATION	SAMPLE INFORMATION
Facility Name:	DOB:	Collection Date/Time:
Client Code:	Patient ID:	Freeze Date:
Source ID:	Physician:	Removed From Red Cells Date/Time:
Patient Last Name:	Patient First Name:	

PANELS 1-6: ☐ **ADD WNV** ☐ **ADD CONFIRMATORY**

- ☐ **Panel 1**: HBsAg, HBc, MPX NAT, HCV, HIV, STS, CT/NG
- ☐ **Panel 2**: HBsAg, HBc, MPX NAT, HCV, HIV, HTLV, STS, CMV, CT/NG
- ☐ **Panel 3**: HBsAg, HBc, MPX NAT, HCV,HIV, HTLV, STS, ABO/Rh, CMV
- ☐ **Panel 4:** HBsAg, HBc, MPX NAT, HCV, HIV, HTLV, STS, CMV
- ☐ **Panel 5**: HBsAg, HCV, HIV
- ☐ **Panel 6:** HBsAg, HCV, HIV, STS

PANELS A-D: CONFIRMATORY INCLUDED

- ☐ **Panel A**: HBsAg, HBc, MPX NAT, HCV, HIV, HTLV, T.cruzi, STS, CMV, WNV NAT
- ☐ **Panel B**: HBsAg, HBc, MPX NAT, HCV, HIV, HTLV, T.cruzi, STS, ABO/Rh, RBC Antibody Screen, CMV, WNV NAT
- ☐ **Panel C**: HBsAg, HBc, MPX NAT, HCV, HIV, HTLV, T.cruzi, STS, WNV NAT
- ☐ **Panel D**: HBsAg, HBc, MPX NAT, HCV, HIV, STS, WNV NAT

TEST	TEST ONLY	TEST & REFLEX	MISCELLANEOUS TESTS	CONFIRMATORY/ SUPPLEMENTAL TESTS	
HBsAg			☐ ABO/Rh	☐ Anti-HCV EIA (ORTHO)	☐ T.cruzi EIA (ORTHO)
HBc Total		NA	☐ Red Cell Antibody	☐ MP HTLV Blot 2.4	☐ Geenius HIV 1/2 Supplemental (Bio-Rad)
			☐ Sickle Cell Screen	☐ Anti-HTLV-I/II EIA (AVIOQ)	
HCV			☐ HLA Class I/II Antibody		☐ Abbott Chagas ESA
HIV-1/2+O			**NAT /PCR TESTS**	☐ Anti-HBs (ADVIA)	☐ CMV IgM EIA (Bio-Rad)
HTLV-I/II			☐ MPX (HIV/HCV/HBV)	☐ HBsAg Confirmatory	☐ CMV IgG EIA (Bio-Rad)
T. cruzi.			☐ WNV	☐ Anti-HBc-IgM	**BLOOD DONOR REENTRY PANELS**
STS		NA	☐ ZIKA	☐ Chlamydia/ Gonorrhea	☐ **HBV** ☐ **HIV** ☐ **HCV**
CMV		☐ IgM ☐IgM/IgG	☐ Babesia		

NUMBER OF SAMPLES SENT

_____Serum
_____Plasma
_____Urine/Swabs
(fill between black lines)
_____Babesia

MBC USE ONLY – SAMPLE ACCEPTABILITY

☐ Frozen
☐ Ambient
☐ Refrigerated

Initial_____

Date_____

CONFIDENTIAL/PROPRIETARY: Distribution outside company with permission only.