NewYork *BloodCenter*
45-01 Vernon Blvd.
Long Island City, NY 11101
Telephone: (718) 707 - 3771
Fax: (718) 707-3551, (718) 707-3552 or 3553

Sample Submission Testing

***** IMPORTANT MESSAGE - PLEASE IDENTIFY MULTIPLE MYELOMA PATIENTS IN THE CUSTOMER ID/COMMENTS BOX *****

Customer: _____ **Contact Person:** _____

Telephone: _____ **Fax:** _____

Collection Date: _____ **Date Submitted:** _____

Number of Donors: _____ **Account Number:** _____

* MARK BOX FOR PROFILE/TEST(S) REQUESTED *

NYBC #	Profile 3 w/WNV	HGBS	HLAab	BAC - T	CHAGAS	Bleed Time	Customer ID # / Comments

Customer Comments:

(Do Not Write Below This Line - For NYBC Use Only)

Profile 3 Contains:
ABOD, ATY, ELISA Battery, STS, CMV, NAT.& ZIKA

Sample Requirements:
(1) 6ml. Red Top, (1) 6ml. Lavender Top (Non- Gel Sep), (1) 6ml. EDTA Pink Top (NAT Triplex/WNV) & (1) 6ml EDTA Lavender Top (HLAab) when requested

Reviewed By:
Date:
NYBC Comments:

ASSAY KEY

ABOD - Blood Group and Type
ATY - Antibody Screen
CMV - Cytomegalovirus
HBC - Hepatitis Core Antibody
NHCV - Nucleic Acid Amplification Testing for Hepatitis C
NHBV - Nucleic Acid Amplification Testing for Hepatitis B
HTLV - Human Lymphotropic Virus 1 & 2 Antibody
STS - Screening Test for Syphilis
BAC-T - Microbial Detection System
WNV-West Nile Virus
NAT Triplex Test NHCV, NHIV, NHBV
NHIV - Nucleic Acid Amplification Testing for Human Immunodeficiency
HBsAg-Hepatitis B Surface Antigen
HCV-Hepatitis C Virus Antibody
HgbS-Hemoglobin S
HIV-Human Immunodeficiency Virus 1&2 Antibody
ZIKA
Chagas
HLAab - HLA Antibodies