



# Sample Submission Testing

Telephone: 718-707-3771  
 Fax: 718-707-3551, 718-707-3552 or 3553

Customer Name:	Account Number:	Telephone:	Number of Donors:	Select Transportation ► <input type="checkbox"/> NYBC <input type="checkbox"/> Hospital
Contact Person:	Fax:	Collection date:	Date Submitted:	

New York Blood Center Number	Mark Boxes ✓ for Profile / Test(s) Requested						Customer ID / Comments/Product Code <b>IMPORTANT:</b> Please identify <b>Multiple Myeloma</b> patients if any in the comments below	Product Sent ✓
	Profile 3 w/WNV	HGBS	HLAAB	Bleed time	Chagas	Bac-T		
Other Comments:								

<b>Do not write below this line- For NYBC use only</b>			
Reviewed by:	Date:		
Comments:			
<b>ASSAY KEY</b>			
<b>Profile 3 Contains:</b> ABOD, ATY, ELISA Battery, STS, CMV and NAT <b>Sample Requirements:</b> (1) 6ml. Red Top, (1) 6ml. Lavender Top (Non- Gel Sep), (1) 6ml. EDTA Pink Top (NAT Triplex/WNV) and (1) 6ml EDTA Lavender Top (HLAAB) when requested	<b>ABOD</b> - Blood Group and Type  <b>ATY</b> - Antibody Screen <b>CMV</b> - Cytomegalovirus <b>HBC</b> - Hepatitis Core Antibody <b>NHCV</b> - Nucleic Acid Amplification Testing for Hepatitis C <b>NHBV</b> - Nucleic Acid Amplification Testing for Hepatitis B	<b>HTLV</b> - Human Lymphotropic Virus 1 & 2 Antibody  <b>STS</b> - Screening Test for Syphilis <b>BAC-T</b> - Microbial Detection System <b>WNV</b> -West Nile Virus  <b>NAT</b> Triplex Test NHCV, NHIV, NHBV <b>NHIV</b> - Nucleic Acid Amplification Testing for Human Immunodeficiency	<b>HBSAG</b> -Hepatitis B Surface Antigen <b>HLAAB</b> – Human Leukocytes Antigen Antibodies <b>HCV</b> -Hepatitis C Virus Antibody <b>HGBS</b> -Hemoglobin S  <b>HIV</b> -Human Immunodeficiency Virus 1&2 Antibody