New York *Blood Center*

Sample Submission Testing

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

Customer Name:	Account Number:	Telephone:	Number of Donors:	Select Transportation ▶	☐ NYBC
Contact Person:	Fax:	Collection date:	Date Submitted:		☐ Hospital

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

Other Comments:

Do not write below this line- For NYBC use only

Reviewed by:	Date:
Comments:	

ASSAY KEY

Profile 3 Contains:
ABOD, ATY, ELISA Battery, STS, CMV, NAT and Zika
Sample Requirements:
(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

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
HLAAB – Human Leukocytes Antigen Antibodies
HCV-Hepatitis C Virus Antibody
HGBS-Hemoglobin S

HIV-Human Immunodeficiency Virus 1&2 Antibody

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