



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

①

Required Fields – Source ID and/or Patient		ADDITIONAL INFORMATION		SAMPLE INFORMATION	
Facility Name: ②		DOB: ⑥		Collection Date/Time: ⑩	
Client Code: ③		Patient ID: ⑦		Freeze Date: ⑪	
Source ID: ④		Physician: ⑧		Removed From Red Cells Date/Time: ⑫	
Patient Last Name: ⑤		Patient First Name: ⑨			
PANELS 1-6: <input type="checkbox"/> ADD WNV <input type="checkbox"/> ADD CONFIRMATORY			PANELS A-D: CONFIRMATORY INCLUDED ⑭		
<input type="checkbox"/> Panel 1: HBsAg, HbC, MPX NAT, HCV, HIV, STS, CT/NG <input type="checkbox"/> Panel 2: HBsAg, HbC, MPX NAT, HCV, HIV, HTLV, STS, CMV, CT/NG <input type="checkbox"/> Panel 3: HBsAg, HbC, MPX NAT, HCV, HIV, HTLV, STS, ABO/Rh, CMV <input type="checkbox"/> Panel 4: HBsAg, HbC, MPX NAT, HCV, HIV, HTLV, STS, CMV <input type="checkbox"/> Panel 5: HBsAg, HCV, HIV <input type="checkbox"/> Panel 6: HBsAg, HCV, HIV, STS			<input type="checkbox"/> Panel A: HBsAg, HbC, MPX NAT, HCV, HIV, HTLV, T.cruzi, STS, CMV, WNV NAT <input type="checkbox"/> Panel B: HBsAg, HbC, MPX NAT, HCV, HIV, HTLV, T.cruzi, STS, ABO/Rh, RBC Antibody Screen, CMV, WNV NAT <input type="checkbox"/> Panel C: HBsAg, HbC, MPX NAT, HCV, HIV, HTLV, T.cruzi, STS, WNV NAT <input type="checkbox"/> Panel D: HBsAg, HbC, MPX NAT, HCV, HIV, STS, WNV NAT		
TEST	TEST ONLY	TEST & REFLEX	MISCELLANEOUS TESTS	CONFIRMATORY/ SUPPLEMENTAL TESTS	
HBsAg	<input type="checkbox"/> ⑮	<input type="checkbox"/> ⑯	<input type="checkbox"/> ABO/Rh ⑰	<input type="checkbox"/> Alinity s Anti-HCV II	<input type="checkbox"/> Alinity s Chagas ⑲
HbC Total	<input type="checkbox"/>	NA	<input type="checkbox"/> Red Cell Antibody <input type="checkbox"/> Sickle Cell Screen	<input type="checkbox"/> MP HTLV Blot 2.4	<input type="checkbox"/> Geenius HIV 1/2 Supplemental (Bio-Rad)
HCV	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> HLA Class I/II Antibody	<input type="checkbox"/> Alinity s Anti-HTLV I/II	<input type="checkbox"/> Abbott Chagas ESA
HIV Duo	<input type="checkbox"/>	<input type="checkbox"/>	NAT /PCR TESTS	<input type="checkbox"/> Anti-HBs Quantitative	<input type="checkbox"/> CMV IgM EIA (Bio-Rad)
HTLV-I/II	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> MPX (HIV/HCV/HBV)	<input type="checkbox"/> HBsAg Confirmatory	<input type="checkbox"/> CMV IgG EIA (Bio-Rad)
T. cruzi.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> WNV ⑱	<input type="checkbox"/> Anti-HBc-IgM	BLOOD DONOR REENTRY PA ⑳
STS	<input type="checkbox"/>	NA	<input type="checkbox"/> Babesia	<input type="checkbox"/> Chlamydia/Gonorrhea	<input type="checkbox"/> HBV <input type="checkbox"/> HIV <input type="checkbox"/> HCV
CMV	<input type="checkbox"/>	<input type="checkbox"/> IgM <input type="checkbox"/> IgM/IgG	<input type="checkbox"/>	<input type="checkbox"/> Rapid Plasma Reagin (RPR)	

NUMBER OF SAMPLES SENT

_____ Serum _____ Urine/Swabs ⑳
_____ Plasma (fill between black lines)
_____ Babesia

MBC USE ONLY – SAMPLE ACCEPTABILITY

☐ Frozen Initial _____
☐ Ambient Date _____
☐ Refrigerated

Memorial Blood Centers Test Request Slip Instructions

Field	Description
1	If applicable, attach patient label in box located in the upper right corner.
2	The name of your facility.
3	The MBC generated code for your Facility. Client code displays on lab reports in the header. (Please call 651-332-7111 if code is unknown).
4	Patient's or donor's unique ID -- non-Social Security number (will display on result report).
5+9	Patient's or donor's last name and first name (will display on results report).
6	Patient's or donor's date of birth, if applicable (will display on results report).
7	A second unique Patient ID, if applicable (will display on results report).
8	The Physician ordering the testing, if applicable (will display on results report).
10	Collection date and time of samples (MM/DD/YY HHMM AM/PM) (will display on results report).
11	Date samples were frozen (MM/DD/YY).
12	Date and time plasma and/or serum was removed from red cells (MM/DD/YY HHMM AM/PM).
13-14	Clearly check the box next to the requested panel. Only check one box in 13 or 14.
13	<p>Panels 1-6 have options to add WNV and/or Confirmatory testing by checking box in header.</p> <ul style="list-style-type: none"> ○ See table below for tests and their associated reflex testing. ○ For panels with CMV: 2, 3, and 4: <ul style="list-style-type: none"> ▪ CMV total does not reflex when ADD CONFIRMATORY is selected <ul style="list-style-type: none"> • If CMV Total confirmatory testing is needed, select desired reflex test in TEST & REFLEX column for CMV.
14	<p>Panels A-D include WNV and reflex to Confirmatory testing.</p> <ul style="list-style-type: none"> • See table below for tests and their associated reflex testing. • For panels with CMV: A and B: <ul style="list-style-type: none"> ○ CMV total does not reflex. <ul style="list-style-type: none"> ▪ If CMV Total confirmatory is needed, select desired reflex test in TEST & REFLEX column for CMV.
15-20	Clearly check the box next to the requested tests. Single or multiple tests can be selected from these sections.
15	List of individual tests with no reflex to confirmatory testing.
16	<p>List of Individual tests that will reflex if positive to confirmatory testing.</p> <ul style="list-style-type: none"> • See table below for tests and their associated reflex testing.
17	Miscellaneous tests (no reflex available).
18	List of individual PCR tests (no reflex available).
19	List of individual confirmatory and supplemental tests.
20	<p>Blood donor reentry panels for HBV, HCV, and HIV.</p> <ul style="list-style-type: none"> • HBV Panel (need 1 purple top tube) <ul style="list-style-type: none"> ▪ MPX NAT ▪ HBsAg (No reflex) ▪ HBc • HCV Panel (need 2 purple top tubes) <ul style="list-style-type: none"> ▪ MPX NAT ▪ HCV (No reflex) ▪ Alinity s Anti-HCV II • HIV Panel (need 1 purple top tube) <ul style="list-style-type: none"> ▪ MPX NAT ▪ HIV (No reflex)
21	Write the number of tubes sent: Serum (Red top), Plasma (Purple/Pink top), Urine/Swab, and Babesia (Roche Whole Blood Blue top).

Abbreviated Test Name on Form	Full Analyte/Target Name	Reflex to Confirmatory Test
HBsAg	HBsAg II	HBsAg II Confirmatory
HBc	Anti-HBC II	No reflex available
HCV	Anti-HCV II	Alinity s Anti-HCV II
HIV Duo or HIV	Anti-HIV Duo	Geenius HIV ½ Supplemental (Bio-Rad)
HTLV I/II or HTLV	Anti-HTLV-I/II	MP HTLV Blot 2.4
CMV	Anti-CMV Total (IgG + IgM)	CMV IgM and IgG EIA (Bio-Rad)
T.Cruzi	Anti-T. cruzi	Abbott Chagas ESA
STS	Syphilis/ Anti-Treponema pallidum	No reflex available
MPX	MPX (HCV/HIV/HBV)	No reflex available
WNV or WNV NAT	West Nile Virus	No reflex available
CT/NG	Chlamydia/Gonorrhea PCR	No reflex available