



MBC USE ONLY
BARCODE

Memorial Blood Centers Donor Testing Laboratory
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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	PANELS A-D: CONFIRMATORY INCLUDED
☐ 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	☐ 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	☐ Alinity s Anti-HCV II	☐ Alinity s Chagas
HBc Total	☐	NA	☐ Red Cell Antibody	☐ MP HTLV Blot 2.4	☐ Geenius HIV 1/2 Supplemental (Bio-Rad)
HCV	☐	☐	☐ Sickle Cell Screen	☐ Alinity s Anti-HTLV I/II	☐ Abbott Chagas ESA
HIV Duo	☐	☐	☐ HLA Class I/II Antibody	☐ Anti-HBs Quantitative	☐ CMV IgM EIA (Bio-Rad)
HTLV-I/II	☐	☐	NAT /PCR TESTS	☐ HBsAg Confirmatory	☐ CMV IgG EIA (Bio-Rad)
T. cruzi	☐	☐	☐ MPX (HIV/HCV/HBV)	☐ Anti-HBc-IgM	BLOOD DONOR REENTRY PANELS
STS	☐	NA	☐ WNV	☐ Chlamydia/Gonorrhea	☐ HBV ☐ HIV ☐ HCV
CMV	☐	☐ IgM ☐ IgM/IgG	☐ Babesia	☐ Rapid Plasma Reagin (RPR)	

NUMBER OF SAMPLES SENT	MBC USE ONLY – SAMPLE ACCEPTABILITY
_____ Serum _____ Plasma _____ Urine/Swabs (fill between black lines) _____ Babesia	☐ Frozen Initial _____ ☐ Ambient Date _____ ☐ Refrigerated