



FDA Stem Cell
UVMHC HEMONC

Memorial Blood Centers Donor Testing Laboratory
737 Pelham Blvd., St. Paul, MN 55114-1739 CLIA # 24D0663800
Phone - 651-332-7111 Fax - 651-332-7005

Affix Patient Label Here

Required Fields – Source ID and/or Patient	ADDITIONAL INFORMATION	SAMPLE INFORMATION
Client Name: Fletcher Allen Health Care	DOB:	Collection Date:
Client Code: FAHC	Patient ID:	Freeze Date:
Source ID:	Physician:	Removed From Red Cells Date/Time:
Patient Last Name:	Patient First Name:	

PANELS 1-6: <input type="checkbox"/> ADD WNV <input type="checkbox"/> ADD CONFIRMATORY	PANELS A-D: CONFIRMATORY INCLUDED
<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	NAT /PCR TESTS	CONFIRMATORY/ SUPPLEMENTAL TESTS	
HBsAg	X	<input type="checkbox"/>	X MPX (HIV/HCV/HBV)	<input type="checkbox"/> HIV-1 Western Blot	<input type="checkbox"/> Anti-HCV CHLIA
HBc Total	X	NA	<input type="checkbox"/> WNV	<input type="checkbox"/> HIV-2 Immunoblot	<input type="checkbox"/> MP HTLV Blot 2.4
HCV	X	<input type="checkbox"/>	<input type="checkbox"/> Chlamydia/Gonorrhea	<input type="checkbox"/> Anti-HIV-2 (NO REFLEX)	<input type="checkbox"/> Abbott Chagas ESA
HIV-1/2+O	X	<input type="checkbox"/>	MISCELLANEOUS TESTS	<input type="checkbox"/> Anti-HIV-2 (REFLEX to HIV-2 Immunoblot)	<input type="checkbox"/> CMV IgM EIA (BioRad)
HTLV-I/II	X	<input type="checkbox"/>		<input type="checkbox"/> ABO/Rh	<input type="checkbox"/> CMV IgG EIA (BioRad)
T. cruzi.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Red Cell Antibody	<input type="checkbox"/> Anti-HBs (ADVIA)	BLOOD DONOR RENTRY PANELS
STS	X	NA	<input type="checkbox"/> Sickle Cell Screen	<input type="checkbox"/> HBsAg Neutralization	
CMV	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> HLA Class I/II Antibody	<input type="checkbox"/> Anti-HBc IgM	

NUMBER OF SAMPLES SENT	MBC USE ONLY – SAMPLE ACCEPTABILITY	MBC USE ONLY BARCODE
1 Serum _____ Urine/Swabs _____ Plasma (fill between black lines) 2 _____ Other	<input type="checkbox"/> Frozen Initial _____ <input type="checkbox"/> Ambient Date _____ <input type="checkbox"/> Refrigerated	MBC USE ONLY BARCODE

UVMHC Specimen Receiving: Order SQ Code ASCDON