



Memorial
BLOOD CENTERS

Memorial Blood Centers Donor Testing Laboratory

Viral Screening, Red Cell Typing, PCR Testing
737 Pelham Blvd., St. Paul, MN 55114-1739
Phone - 651-332-7111 Fax -- 651-332-7005
CLIA # 24D0663800

Required Information	Additional Information
Source ID _____ (and / or) (Customer Discreet/Unique Patient ID)	DOB _____
Patient Last Name _____	SSN (only) _____
Patient First Name _____	Patient ID _____
Date Drawn _____ Date Frozen _____	Physician _____

Test(s) Requested:

- IDM Panel (Reflex on HBsAg, MPX PCR, Anti-HIV-1,2+O, Syphilis TP, Anti-HTLV I/II – NO Reflex on Anti-HBc, Anti-HCV, ABO Rh, CMV Total)
- Female HCT/P Panel (Reflex on HBsAg, MPX PCR, Anti-HIV-1,2+O, Syphilis TP – NO Reflex on Anti-HBc, Anti-HCV, Chlamydia, Gonorrhea)
- Male HCT/P Panel (Reflex on HBsAg, MPX PCR, Anti-HIV-1,2+O, Syphilis TP – NO Reflex on Anti-HBc, Anti-HCV, Anti-HTLV I/II, CMV Total, Chlamydia, Gonorrhea)

<p>Hepatitis B Virus</p> <p><input checked="" type="checkbox"/> HBsAg – Reflex (Neutralization performed if reactive)</p> <p><input type="checkbox"/> HBsAg Neutralization</p> <p><input checked="" type="checkbox"/> Anti-HBc Total</p> <p>Nucleic Acid Testing <i>Testing Licensed for Donor Screening Only</i></p> <p><input checked="" type="checkbox"/> MPX PCR- Reflex (HIV/HCV/HSV) (Sent for PCR identification if reactive)</p> <p><input type="checkbox"/> WNV PCR</p> <p>Hepatitis C Virus</p> <p><input checked="" type="checkbox"/> Anti-HCV</p>	<p>HIV Virus</p> <p><input checked="" type="checkbox"/> Anti-HIV-1,2 plus O – Reflex (Western Blot performed if reactive)</p> <p><input type="checkbox"/> Anti-HIV-2</p> <p><input type="checkbox"/> Anti-HIV-2 – Reflex (Sent for HIV-2 Immunoblot if reactive)</p> <p><input type="checkbox"/> HIV-1 Western Blot</p> <p>HTLV Virus</p> <p><input type="checkbox"/> Anti-HTLV I/II</p> <p><input checked="" type="checkbox"/> Anti-HTLV I/II – Reflex (Sent for ChLIA HTLV if reactive)</p> <p>Serologic Test for Syphilis <i>Testing Licensed for Donor Screening Only</i></p> <p><input checked="" type="checkbox"/> Syphilis TP – Reflex (Sent for FTA if reactive)</p> <p><input type="checkbox"/> Syphilis RPR - Reflex (non-treponemal) (Sent for FTA if reactive)</p>	<p>Miscellaneous</p> <p><input type="checkbox"/> <i>T. Cruzi</i> – Reflex (Chagas) (RIPA performed if reactive)</p> <p><input type="checkbox"/> ABO Rh</p> <p><input type="checkbox"/> Red Cell Antibody Screen</p> <p>Cytomegalovirus</p> <p><input checked="" type="checkbox"/> CMV Total</p> <p><input type="checkbox"/> CMV Total – IgM Reflex (Sent for CMV IgM if reactive)</p> <p><input type="checkbox"/> CMV Total – IgM/IgG Reflex (Sent for CMV IgM and IgG if reactive)</p> <hr/> <p>The following tests require special collection vessels.</p> <p><input type="checkbox"/> Chlamydia/ Gonorrhea</p> <p>Urine: Must be filled between black lines. Swab: Send blue swab</p>
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Testing sent to an external reference laboratory

<input type="checkbox"/> Anti-HBs <input type="checkbox"/> Anti-HBc IgM <input type="checkbox"/> HBV PCR <input type="checkbox"/> HCV PCR <input type="checkbox"/> HIV PCR <input type="checkbox"/> ChLIA Anti-HCV	<input type="checkbox"/> HIV-2 Immunoblot <input type="checkbox"/> ChLIA Anti-HTLV I/II <input type="checkbox"/> HTLV Immunoblot <input type="checkbox"/> Syphilis FTA	<input type="checkbox"/> T.cruzi RIPA <input type="checkbox"/> Sickle Cell Screen <input type="checkbox"/> HLA Class I Antibody <input type="checkbox"/> HLA Class II Antibody <input type="checkbox"/> CMV IgM <input type="checkbox"/> CMV IgG
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<p>*Client Code/Physician ID:</p> <p style="font-size: 2em; text-align: center;">OC</p>	<p>To be completed by person submitting:</p> <p><u> 1 </u> # of Serum Tubes (Red)</p> <p><u> 2 </u> # of Plasma Tubes (Purple)</p> <p>_____ # of Unknown Tube Type</p> <p>_____ # of Urine</p> <p>_____ # of Swab</p>	<p>*Accession #/Patient ID:</p>
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