

NewYork BloodCenter

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

SAMPLE SUBMISSION

Customer: _____

Contact Person: _____

Telephone: _____

Fax: _____

Collection Date: _____

Date Submitted: _____

Number of Donors: _____

Account Number: _____

*** MARK BOX FOR PROFILE/TEST(S) REQUESTED ***

NYBC #	Profile 3 w/WNV	HGBS	HLAab	BAC - T	CHAGAS	Bleed Time	Customer ID # / Comments

Customer Comments:

(Do Not Write Below This Line - For NYBC Use Only)

Profile 3 Contains:
 ABOD, ATY, ELISA Battery, STS, CMV, NAT, & ZIKA

Sample Requirements:
 (1) 6ml. Red Top, (1) 6ml. Lavender Top (Non- Gel Sep),
 (1) 6ml. EDTA Pink Top (NAT Triplex/WNV) & (1) 6ml EDTA
 Lavender Top (HLAab) when requested

Reviewed By: _____
Date: _____
NYBC Comments: _____ _____

ASSAY KEY

- | | | | |
|---|--|---|------------------------|
| ABOD - Blood Group and Type | HTLV - Human Lymphotropic Virus 1 & 2 Antibody | HBsAg-Hepatitis B Surface Antigen | Chagas |
| ATY - Antibody Screen | STS - Screening Test for Syphilis | HCV-Hepatitis C Virus Antibody | HLAab - HLA Antibodies |
| CMV - Cytomegalovirus | BAC-T - Microbial Detection System | HgbS-Hemoglobin S | |
| HBC - Hepatitis Core Antibody | WNV-West Nile Virus | HIV-Human Immunodeficiency Virus 1&2 Antibody | |
| NHCV - Nucleic Acid Amplification Testing for Hepatitis C | NAT Triplex Test NHCV, NHIV, NHBV | ZIKA | |
| NHBV - Nucleic Acid Amplification Testing for Hepatitis B | NHIV - Nucleic Acid Amplification Testing for Human Immunodeficiency | | |