



Transplant Viral Marker Form

Facility: _____

Date/Initial: _____ Donor Identification _____ Unit ID# _____

<input type="checkbox"/> BMT.DONOR Includes: HBc HBsAg HCV HIV 1/2 HTLV 1/2 INAT-HIV,HCV,HBV INAT-WNV Chagas Syphilis CMV 2 – 7ML EDTA 1 – 7 ML Serum	<input type="checkbox"/> BMT.RECIP Includes: HBc HBsAg HCV HIV 1/2 HTLV 1/2 INAT-HIV,HCV,HBV INAT-WNV Syphilis Chagas CMV (EBV IgG, Varicella-Zoster IgG (McKenna and HSV ½ IgG (Arup) 2 – 7ML EDTA 3 – 7 ML Serum	<input type="checkbox"/> Solid Organ Donor Panel #1 Includes: INAT-HIV,HCV,HBV Syphilis (November-April) <input type="checkbox"/> Solid Organ Donor Panel #2 Includes: INAT-HIV,HCV,HBV INAT-WNV Syphilis (May-October) 2 – 7ML EDTA 1 – 7 ML Serum
<input type="checkbox"/> TR.WNVNAT Includes: INAT-WNV 2 – 7ML EDTA		

Please check the appropriate box for desired panel. Send completed form with samples for testing.

Email: Lab_testing@lifeservebloodcenter.org
 Phone: 515-309-4880
 Fax: 515-883-3269