



**Sample Submission of Single Donor Platelet Products for LVDS BacT Testing  
From Outside Customers**

**Submit to QC/Reference Lab 45-01 Vernon Blvd, Long Island City, NY 11101 718-752-4622**

Hospital		Phone Number		
Contact Person		FAX Number		
Collection Date	Date Sampled	Time Sampled	Date Submitted	
Sample ID #	Product Code			Comments / other product codes
	EA007 or EA008	EA009	EA010	
Total Number of Samples Received:		QC/Ref Tech:	Date:	
Comments:				