



Residual WBC Testing Submission
 QC Reference Laboratory
 45-01 Vernon Blvd. Long Island City, NY, 11101
 (718) 752 - 4638 Fax (718) 752-4764

Form instructions: Customer completes **Customer Information** and **Sample Testing Request** sections. Send the completed form with the samples to New York Blood Center QC Reference Laboratory 45-01 Vernon Blvd. Long Island City, NY, 11101.

CUSTOMER INFORMATION

Customer Name:		Contact person:	
Telephone number:	Fax number:	Date submitted:	Number of samples:

SAMPLE TESTING REQUEST

Sample ID Show Unit ID, barcode label number is preferred	Unit Collection date & time	Unit Filtration date & time	Apheresis Platelet (5700)	Volume (mL) <i>Apheresis Unit</i>	Packed RBC (5730)	Weight (grams) <i>Packed RBC Unit</i>
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FOR QC REFERENCE LABORATORY USE

Received by:	Date:	Time:
Comments:		