



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

Submit to QC/Reference Lab 601 Midland Ave., Rye, NY 10580 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:				