



## Supplemental Tests (for Abbott Alinity-Roche screening)

Facility Name: \_\_\_\_\_ Completed By: \_\_\_\_\_ Phone: \_\_\_\_\_ Date: \_\_\_\_\_

Screening Test	Supplemental Tests Available	Manufacturer/ Methodology	Testing Lab	Test Schedule
Alinity <b>Human Immunodeficiency Virus</b> (HIV-1/2/O Ab/Ag) <input type="checkbox"/> Reflex to supplemental test ONLY if <u>HIVNAT</u> is negative <input type="checkbox"/> Reflex to supplem. for all positives	<input type="checkbox"/> HIV-1/2 ImmunoAssay	BioRad Geenius HIV-1/2 Supplemental Assay	CTS	Tested M, W & F
Alinity <b>Hepatitis C Virus</b> (HCV) <input type="checkbox"/> Reflex to supplemental test ONLY if <u>HCVNAT</u> is negative <input type="checkbox"/> Reflex to supplem. for all positives	<input type="checkbox"/> HCVNAT by IDT and Alternate licensed screening test	Roche Cobas HCVNAT repeated IDT (if not originally tested IDT) and Ortho HCV ELISA on Ortho Versea	Versiti CTS	Tested T & F Weekly
Alinity <b>Hepatitis B Surface Antigen</b> (HBsAg) <input type="checkbox"/> Reflex to supplemental test ONLY if <u>HBVNAT</u> is negative <input type="checkbox"/> Reflex to supplem. for all positives	<input type="checkbox"/> Licensed HBsAg confirmatory	Abbott Alinity HBsAg Confirm. Neutralization (CMIA)	Versiti	4 samples or every 10 days
	<input type="checkbox"/> HBs Antibody supplemental	Centaur Electrochemiluminescent Immunoassay	LabCorp	Tested T, Th, Sat
Alinity <b>Hepatitis B Core</b> (HBC) <input type="checkbox"/> Reflex to supplemental test ONLY if <u>HBsAg</u> & <u>HBVNAT</u> are negative <input type="checkbox"/> Reflex to supplem. for all positives	<input type="checkbox"/> Alternate screening	Ortho HBcore ELISA on Ortho	CTS	Weekly
	<input type="checkbox"/> HBcore Antibody IgM supplemental	Electrochemiluminescent Immunoassay (ECLIA)	LabCorp	Tested T, Th, Sat
Alinity <b>Human T-Lymphotropic Virus</b> (HTLV-I/II)	<input type="checkbox"/> Licensed Confirm.	MP Diagnostic HTLV Blot 2.4 WB	CTS	Add 7-10 days
	<input type="checkbox"/> Alternate screening	Avioq HTLV MicroELISA on Ortho	CTS	Weekly
PK-TP <b>Serological Test for Syphilis</b> (STS) (treponemal)	<input type="checkbox"/> Alternate screening /Confirmatory	Trinity BioTech CAPTIA <i>T. Pallidum-G</i> EIA ( <i>treponemal</i> )	Versiti	Weekly
	<input type="checkbox"/> RPR ( <i>non-trepon.</i> )	ASI RPR Card Test (manual)	Versiti	Weekly
	<input type="checkbox"/> RPR Titer	ASI RPR Card Test (manual)	Versiti	Weekly
	<input type="checkbox"/> Fluorescent Treponemal Antibody	Zeus Scientific IFA FTA-ABS (manual)	Quest	Tested M-F
Alinity <b>Chagas/T.cruzi</b> (CHA)	<input type="checkbox"/> Licensed Confirm.	Abbott ESA Chagas (manual)	CTS	Add 7-10 days
	<input type="checkbox"/> Alternate screening	Ortho T.cruzi ELISA on Ortho	CTS	Weekly
Roche Cobas <b>WNV NAT</b>	<input type="checkbox"/> Alternate screening	Grifols Procleix WNV NAT (Panther)	CTS	Weekly
Roche <b>MPX NAT</b> (HIV/HBV/HCV) <input type="checkbox"/> Reflex to supplemental test ONLY if <u>antibody/serology test</u> is negative <input type="checkbox"/> Reflex to supplem. for all positives	<input type="checkbox"/> Alternate licensed screening test	Grifols Procleix Ultrio NAT (Panther)	CTS	Weekly
Roche Cobas <b>Babesia NAT</b>	<input type="checkbox"/> Alternate screening	Grifols Procleix BAB NAT (Panther)	CTS	Weekly
<b>Cytomegalovirus Antibody</b> (CMV)	<input type="checkbox"/> IgG/IgM Discriminatory	BIO-RAD Chemiluminescent IgG/IgM Immunoassay	LabCorp	Tested M-F

Versiti – Donor Testing Lab (Indianapolis, IN) CMS/CLIA #: 15D0664398  
 CTS – Creative Testing Solutions (Tempe, AZ) CMS/CLIA #: 03D0911463

LabCorp – LabCorp Indiana, Inc. (South Bend, IN) CMS/CLIA #: 15D2171417  
 Quest – Quest Diagnostics Nichols Institute (VA) CMS/CLIA #: 49D0221801