Supplemental Tests (for Abbott-Roche Screening Platforms)

Facility Name: _____ **Completed By:** _____ **Phone:** _____ **Date:** _____

Screening Test	Supplemental Tests Available	Manufacturer/ Methodology	Testing Lab	Test Schedule
Alinity **Human Immunodeficiency Virus** (HIV-1/2/O Ab/Ag) ☐ Reflex to supplemental test ONLY if HIVNAT is negative ☐ Reflex to supplem. for all positives	☐ HIV-1/2 ImmunoAssay	BioRad Geenius HIV-1/2 Supplemental Assay	Versiti	Weekly
Alinity **Hepatitis C Virus** (HCV) ☐ Reflex to supplemental test ONLY if HCVNAT is negative ☐ Reflex to supplem. for all positives	☐ HCVNAT by IDT and Alternate licensed screening test	Roche Cobas HCVNAT repeated IDT *(if not originally tested IDT)* and Roche Cobas Elecsys Anti-HCV	Versiti IBR	Tested T & F Tested M-F
Alinity **Hepatitis B Surface Antigen** (HBsAg) ☐ Reflex to supplemental test ONLY if HBVNAT is negative ☐ Reflex to supplem. for all positives	☐ Licensed confirmatory	Abbott Alinity HBsAg Confirmatory Neutralization (CMIA)	Versiti	Every 4 samples or every 10 days
	☐ HBs Antibody supplemental	Siemens ADVIA Centaur Anti-HBs2 Chemiluminometric Immunoassay (CLIA)	LabCorp	Tested T, Th, Sat
Alinity **Hepatitis B Core** (HBc) ☐ Reflex to supplemental test ONLY if HBsAg & HBVNAT are negative ☐ Reflex to supplem. for all positives	☐ Alternate screening	Roche Cobas Elecsys Anti-HBc	IBR	Tested M-F
	☐ HBcore Antibody IgM supplemental	Siemens ADVIA Centaur HBc IgM Capture Immunoassay	LabCorp	Tested T, Th, Sat
Alinity **Human T-Lymphotropic Virus** (HTLV-I/II)	☐ Licensed Confirm.	MP Diagnostic HTLV Blot 2.4 WB	CTS	Add 7-10 days
	☐ Alternate screening	Roche Cobas Elecsys HTLV-I/II	IBR	Tested M-F
PK-TP **Serological Test for Syphilis** (STS) (*treponemal*)	☐ Alternate screening /Confirmatory	Trinity BioTech CAPTIA *T. Pallidum-G* EIA *(treponemal)*	Versiti	Weekly
	☐ RPR *(non-treponem.)*	ASI RPR Card Test	LabCorp	Tested M-F
	☐ RPR Titer	ASI RPR Card Test	LabCorp	Tested M-F
	☐ Fluorescent Treponemal Antibody	Zeus Scientific IFA FTA-ABS	Quest	Tested M-F
Alinity **Chagas / *T.cruzi*** (CHA)	☐ Licensed Confirm.	Abbott ESA Chagas	CTS	Add 7-10 days
	☐ Alternate screening	Roche Cobas Elecsys Chagas *(T.cruzi)*	IBR	Tested M-F
Roche Cobas **WNV NAT**	☐ Alternate screening	Grifols Procleix WNV NAT (Panther)	CTS	Weekly
Roche Cobas **MPX NAT** (HIV/HCV/HBV) ☐ Reflex to supplemental test ONLY if antibody/serology test is negative ☐ Reflex to supplem. for all positives	☐ Alternate licensed screening test	Grifols Procleix Ultrio Plus NAT (Panther)	CTS	Weekly
Roche Cobas **Babesia NAT**	☐ Alternate screening	Grifols Procleix BAB NAT (Panther)	CTS	Weekly
Cytomegalovirus Total Antibody (CMV)	☐ CMV IgG/IgM Discriminatory	DiaSorin Liaison Chemiluminescent Immunoassay (CLIA)	LabCorp	Tested M-F

Versiti *–Donor Testing Lab (Indianapolis, IN) CMS/CLIA # 15D0664398*
CTS *– Creative Testing Solutions (Tempe, AZ) CMS/CLIA # 03D0911463*
LabCorp *– LabCorp of America, Inc. (Raritan, NJ) CMS/CLIA # 31D0125232*
LabCorp *– LabCorp of America, Inc. (Dublin, OH) CMS/CLIA # 36D0327333*
Quest *– Quest Diagnostics Nichols Institute (Chantilly, VA) CMS/CLIA # 49D0221801*
IBR *– Innovative Blood Resources/Memorial Blood Center (St. Paul, MN) CMS/CLIA # 24D0663800*