



MINNESOTA MILK BANK FOR BABIES

Helping Babies Close to Home



MMBB LAB KIT

Potential milk donors in your community are looking to donate extra breast milk to save tiny lives.

Thank you for helping with the final step of the approval process - the blood test.

Here's what to expect when a donor arrives at your lab...



Minnesota Milk
Bank for Babies

763.546.8051

donatemilk@
mnmilkbank.org



MMBB Lab Kit Box



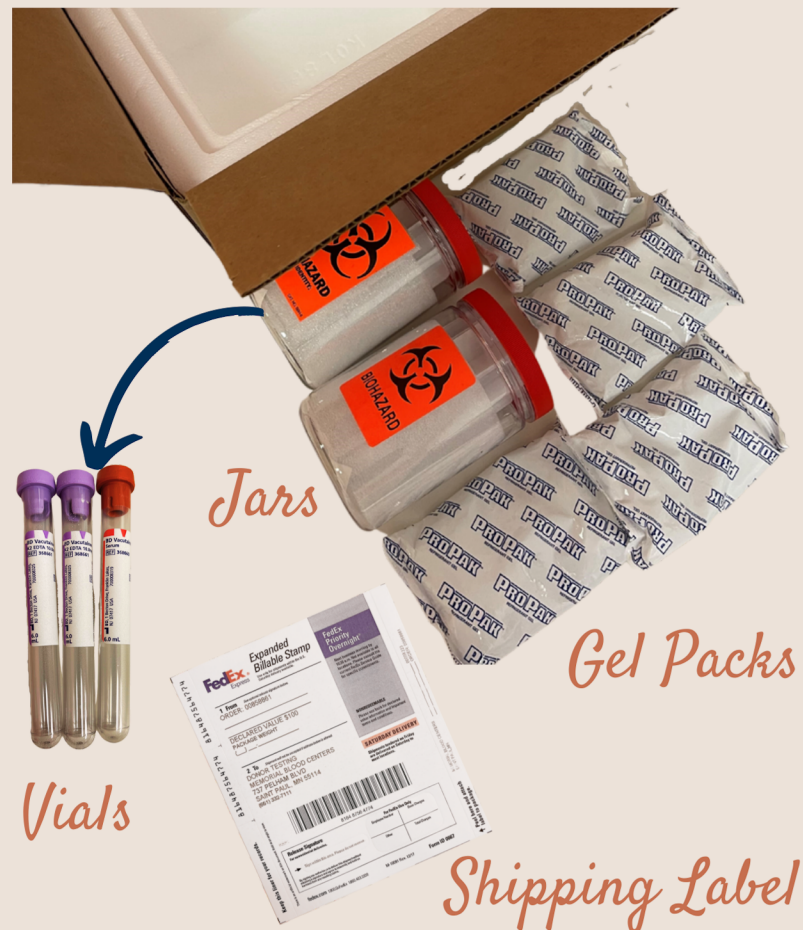
**VERIFY
CARDBOARD
BOX &
STYROFOAM
LINER ARE
INTACT**

**Validated by Memorial Blood Centers for
temperature-controlled shipping of blood specimens.
Other return shipping containers not accepted.**



CONFIRM LAB KIT CONTAINS:

- 4 room-temperature gel packs
- 2 "peanut butter jar" specimen containers (one empty, one with 3 blood vials)
 - Two 6ml EDTA tubes
 - One 6ml serum tube
- Prepaid FedEx shipping label
- Paperwork
 - Lab Instructions
 - MBC Requisition Form
 - MMBB Physician's Order



Jars

Gel Packs

Vials

Shipping Label

**Minnesota
Milk Bank
for Babies**

Health Care Provider/Laboratory Instructions:

Thank you for drawing the blood tubes needed for your patient (our donor) who is offering to donate her breast milk to the Minnesota Milk Bank for Babies. We have the specific lab tests run at Memorial Blood Centers in St. Paul, MN. A lab order slip is included in this kit.

Please find in the kit and draw:

- 2 - 6ml EDTA tubes (1x100 plastic)
- 1 - 6ml Serum tube (1x100 plastic)

There is no need to centrifuge the samples.

Sample Labeling Requirements:

- Labeling with the **name, DOB, date and time of draw** can be done with your own printed label (preferred) or writing directly on the tube label with a pen or fine point sharpener (must be legible).
- The request slip has been filled out with the patient/donor information. Please include the date and time of draw on the slip. The patient/donor information on the request slip **must** match the name, DOB, date and time of draw on the tubes.
- All tubes** sent on the same patient **must** be labeled identically with the same name & DOB.

Sample Shipping:

- Samples should be collected and shipped out Monday-Thursday. The sample must be shipped out THE SAME DAY as it is collected. Samples sent out on Friday may not arrive at the lab in time. Samples that arrive late will not be permitted for testing.
- The shipping boxes are comprised of 1 outer cardboard box, 1 inner cooler, 2 specimen transport jars and 4 gel packs.
- Include the 4 gel packs at **room temperature** with each shipment.
- Please put all tubes in one of the jars.
- When shipping the boxes, make sure you include **both** specimen jars even if there are no samples in the second jar.
- Once the box is packed and taped shut, apply the FedEx Label for overnight shipment. Ship the **SAME DAY** the sample is collected. Contact FedEx or drop off the box as you are accustomed to.

If there is a charge for the lab draw, please bill:

MMBB Lab Kit
2525 Nevada Ave. N.
Golden Valley, MN 55427

Please contact the Minnesota Milk Bank for Babies if you have any questions.
763.546.8051

Lab Instructions

Memorial Blood Centers **MBC USE ONLY** **BARCODE** **Memorial Blood Centers Donor Testing Laboratory** 737 Pelham Blvd., St. Paul, MN 55114-1739 CLIA # 24D0663800 Phone - 651-332-7111 Fax - 651-332-7005 CentralReceiving@innovativelab.com

Affix Patient Label Here

Required Fields - Source ID and/or Patient		ADDITIONAL INFORMATION		SAMPLE INFORMATION	
Facility Name:	Minnesota Milk Bank for Babies	DOB:	XX/XX/XXXX	Collection Date/Time:	
Client Code:	MMBB	Patient ID:		Freeze Date:	
Source ID:		Physician:	Dr. Pamela Heggie	Removed From Red Cells Date/Time:	
Patient Last Name:	DONOR LAST	Patient First Name:	DONOR FIRST		

PANELS 1-6: ADD WNV ADD CONFIRMATORY		PANELS A-D: CONFIRMATORY INCLUDED	
☐ Panel 1: HBsAg, HBe, MPX NAT, HCV, HIV, STS, CT/NG	☐ Panel A: HBsAg, HBe, MPX NAT, HCV, HIV, HTLV, T.cruzi, STS, CMV, WNV NAT		
☐ Panel 2: HBsAg, HBe, MPX NAT, HCV, HIV, HTLV, STS, CMV, CT/NG	☐ Panel B: HBsAg, HBe, MPX NAT, HCV, HIV, HTLV, T.cruzi, STS, ABO/Rh, RBC Antibody Screen, CMV, WNV NAT		
☐ Panel 3: HBsAg, HBe, MPX NAT, HCV, HIV, HTLV, STS, ABO/Rh, CMV	☐ Panel C: HBsAg, HBe, MPX NAT, HCV, HIV, HTLV, T.cruzi, STS, WNV NAT		
☐ Panel 4: HBsAg, HBe, MPX NAT, HCV, HIV, HTLV, STS, CMV	☐ Panel D: HBsAg, HBe, MPX NAT, HCV, HIV, STS, WNV NAT		
☐ Panel 5: HBsAg, HBe, HIV			
☐ Panel 6: HBsAg, HBe, HIV, STS			

TEST	TEST ONLY	TEST & REFLEX	MISCELLANEOUS TESTS	CONFIRMATORY / SUPPLEMENTAL TESTS
HBsAg	☐	☒	☐ ABO/Rh	☐ Anti-HCV EIA (ORTHO)
HBe	☐	☒	☐ Red Cell Antibody	☐ MP HTLV Blot 2.4
HbC Total	☐	☒	☐ Sick Cell Screen	☐ Anti-HTLV-I/II EIA (AVIOQ)
HCV	☐	☒	☐ HLA Class I/II Antibody	☐ Anti-HBc (ADVIA)
HIV-1/2+0	☐	☒	☐ NAT /PCR TESTS	☐ HBsAg Confirmatory
HTLV-I/II	☐	☒	☐ MPX (HIV/HCV/HBV)	☐ CMV IgM EIA (Bio-Rad)
T. cruzi	☐	☒	☐ WNV	☐ CMV IgG EIA (Bio-Rad)
STS	☒	☒	☐ ZIKA	☐ Chlamydia/ Gonorrhea
CMV	☐	☒	☐ Babesia	☐ Rapid Plasma Reagin (RPR)

NUMBER OF SAMPLES SENT		MBC USE ONLY - SAMPLE ACCEPTABILITY	
Serum	☐	☐ Frozen	☐ Initial
Urine/Swabs	☐	☐ Ambient	☐ Date
Plasma	☐	☐ Refrigerated	

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Reset Form

Requisition Form

**Minnesota
Milk Bank
for Babies**

**Authorization to Draw Lab Work
For Testing by Memorial Blood Center**

The Minnesota Milk Bank for Babies requests that the lab personnel draw the blood tubes found in the below donor's lab kit and return them to the kit and mail them to the Memorial Blood Center in St. Paul. Complete instructions will be found in the Health Care Provider/Laboratory Instructions contained in the kit.

Date: _____

Name of Donor: _____

DOB: _____

ICD 10 Code 201.89- lab exam

Thank you,
Dr. Pamela Heggie

Dr. Pamela Heggie
Medical Director, Minnesota Milk Bank for Babies
2525 Nevada Ave N
Golden Valley, MN 55427
763-5468051

2525 Nevada Ave. N, Suite 304 | Golden Valley, MN 55427 | 763-546-8051 | mmbbbank.org

Our mission is to improve infant health outcomes by ensuring that medically vulnerable babies in Minnesota and the Upper Midwest have access to safely pasteurized (U.S.-giving donor human milk when mother's milk is unavailable or in low supply).

Physician's Order



DRAW BLOOD, LABEL, & RE-PACK LAB KIT

- Label vials with name (spelling exactly as shown on requisition form), DOB, and time of draw
- Write date/time of draw on requisition form
- Place all vials in one jar in the orientation shown below
- Re-pack lab kit with both specimen jars, gel packs, and completed requisition form on top of styrofoam liner



Label the Vials

Memorial Blood Centers		
MBC USE ONLY BARCODE		
Memorial Blood Centers Donor Testing Laboratory 737 Pelham Blvd., St. Paul, MN 55114-1739 CLIA # 24D0663800 Phone - 651-332-7111 Fax - 651-332-7005 CentralReceiving@innovativeblood.org		
Affix Patient Label Here		
Required Fields - Source ID and/or Patient	ADDITIONAL INFORMATION	SAMPLE INFORMATION
Facility Name: Minnesota Milk Bank for Babies	DOB: XX/XX/XXXX	Collection Date/Time:
Client Code: MMBB	Patient ID:	Freeze Date:
Source ID:	Physician: Dr. Pamela Heggie	Removed From Red Cells Date/Time:
Patient Last Name: DONOR LAST	Patient First Name: DONOR FIRST	
PANELS 1-6: ☐ ADD WNV ☐ ADD CONFIRMATORY ☐ Panel 1: HBsAg, HBe, MPX NAT, HCV, HIV, STS, CT/NG ☐ Panel 2: HBsAg, HBe, MPX NAT, HCV, HIV, HTLV, STS, CMV, CT/NG ☐ Panel 3: HBsAg, HBe, MPX NAT, HCV, HIV, HTLV, STS, ABO/Rh, CMV ☐ Panel 4: HBsAg, HBe, MPX NAT, HCV, HIV, HTLV, STS, CMV ☐ Panel 5: HBsAg, HCV, HIV ☐ Panel 6: HBsAg, HCV, HIV, STS		PANELS A-D: CONFIRMATORY INCLUDED ☐ Panel A: HBsAg, HBe, MPX NAT, HCV, HIV, HTLV, T.cruzi, STS, CMV, WNV NAT ☐ Panel B: HBsAg, HBe, MPX NAT, HCV, HIV, HTLV, T.cruzi, STS, ABO/Rh, RBC Antibody Screen, CMV, WNV NAT ☐ Panel C: HBsAg, HBe, MPX NAT, HCV, HIV, HTLV, T.cruzi, STS, WNV NAT ☐ Panel D: HBsAg, HBe, MPX NAT, HCV, HIV, STS, WNV NAT

Record Time of Draw



Pack the Jar

FedEx Express	
Expanded Billable Stamp	
1 From: (one optional release signature below)	
ORDER: 00858861	
DECLARED VALUE \$100	
PACKAGE WEIGHT	
2 To: (shipment will not be accepted if address below is altered)	
DONOR TESTING	
MEMORIAL BLOOD CENTERS	
737 PELHAM BLVD	
SAINT PAUL, MN 55114	
(651) 332-7111	
SATURDAY DELIVERY	
Shipments tendered on Friday are delivered on Saturday to most locations.	
Release Signature	
For noncommercial deliveries:	
Signature	
For FedEx Use Only	
Employee Number	
Other	
Total Charges	
Keep this liner for your records.	
fedex.com 1800.FedEx 1800.403.3300	
MA 10091 Rev. 12/17	
Form ID 0067	

Prepaid FedEx Label



AFFIX SHIPPING LABEL & ARRANGE FOR **SAME-DAY** FEDEX PICK-UP

****IMPORTANT: LAB KIT MUST BE RECEIVED BY TESTING LAB WITHIN 24 HOURS OF COLLECTION**

For more information about Minnesota Milk Bank for Babies, visit www.mnmilkbank.org

