

## DONOR TESTING LABORATORY REQUEST

**Date Requested:** \_\_\_\_\_

**Hospital:** \_\_\_\_\_ **Phone #:** \_\_\_\_\_

**Submit samples on the day of or the day after collection. Request barcode sample numbers from the LAB Administrative Assistant.**

Information on test methods, performance, specifications, and information that may affect the interpretation of test results is available upon request.

|   |  |
|---|--|
| <input type="checkbox"/> <b>4706 Test Panel I</b> | <b>HBsAg, anti-HIV-1/2, anti-HTLV-I/II, anti-HBc, anti-HCV, syphilis, HIV NAT and HCV NAT.</b> |
|---|--|

|  |   |
|--|---|
| <input type="checkbox"/> <b>4707 Test Panel II</b> | <b>Same as Test Panel I, plus ABO/Rh and antibody screen.</b> |
|--|---|

|  |
|--|
| <input type="checkbox"/> <b>629 Anti-CMV</b> |
|--|

| Sample Number | Collection Date | Specimen Requirements   |
|---------------|-----------------|---|
|               |                 | <b>3 - 7 mL EDTA tube</b><br><b>1 - 7 mL red top tubes</b><br><br><b>Barcode sample numbers must be applied:</b><br><input type="checkbox"/> <b>No lower than 9 mm from top of tube</b><br><input type="checkbox"/> <b>Vertically: barcode lines horizontal</b><br><input type="checkbox"/> <b>Straight: tilt must not exceed 5 degrees</b> |
|               |                 |   |
|               |                 |   |
|               |                 |   |
|               |                 |   |
|               |                 |   |

**Fax Results:**     No     Yes    **Fax Number:** \_\_\_\_\_

(Fax transmissions will be followed by a written report)

**Send Results to:** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Billing Address:** \_\_\_\_\_  
 (if different) \_\_\_\_\_  
 \_\_\_\_\_