

The Blood Connection
Piedmont, SC 29673

Laboratory Requisition Form

| | | | |
|--|--|--------------------------------|-----------------------------|
| Patient/Donor Name (Last, First, MI) | | Donor/Patient ID# | Donor/Patient Date of Birth |
| Requesting Facility | | Requested by (Individual) | |
| Requesting Facility's Sample ID Number | | Report Results To (Individual) | |
| Results Format Requested: <input type="checkbox"/> Phone results to : (_____) <input type="checkbox"/> Fax results to : (_____) <input type="checkbox"/> Send results to: | | Collection Date | Collection Time |
| Phlebotomist: _____ | | | |

Tests/Panels

| INFECTIOUS DISEASE | | | | | IMMUNOHEMATOLOGY | | | | |
|--------------------|-------------------------------------|--|--------------|------------------------------------|-------------------|-------------------------------------|-----------------------------|--------------|---------------------------|
| Code | <input checked="" type="checkbox"/> | Test Name | Specimen | Principle | Code | <input checked="" type="checkbox"/> | Test Name | Specimen | Principle |
| 01 | <input type="checkbox"/> | HBsAg (IgG/IgM) Confirm: Neutralization* | R (1), P(1) | EIA | 10 | <input type="checkbox"/> | ABO/Rh Type | P (1) | NA |
| 02 | <input type="checkbox"/> | Anti-HCV (IgG/IgM) Confirm: Alternate vendor for serology* | R (1), P(1) | ELISA/ChLIA | 11 | <input type="checkbox"/> | Antibody Screen | R (1), P (1) | NA |
| 03 | <input type="checkbox"/> | Anti-HIV 1,2 (IgG/IgM) Confirm: IFA * | R (1), P(1) | EIA | 12 | <input type="checkbox"/> | Antibody ID | R (1), P (1) | NA |
| 04 | <input type="checkbox"/> | Anti-HTLV I/II (IgG/IgM) Confirm: HTLV I/II MP WB* | R (1), P(1) | ELISA | 13 | <input type="checkbox"/> | Antigen Typing | P (1) | NA |
| 05 | <input type="checkbox"/> | Syphilis (TP) Confirm: Captia Syphilis G* | R (1), P(1) | T. PALLIDUM BY HEMAGGLUTINATION | 14 | <input type="checkbox"/> | HLA Antibody Screen | R (1) | ELISA |
| 06 | <input type="checkbox"/> | Anti-HBcore (IgG/IgM) | R (1), P(1) | ELISA | HEMATOLOGY | | | | |
| 07 | <input type="checkbox"/> | Anti-CMV (IgG/IgM) | R (1), P(1) | AGGLUTINATION | Code | | Test Name | Specimen | Principle |
| 08 | <input type="checkbox"/> | HP IDT Panel (Items 01-07, 18,19,21) | R (1), P (2) | (See Above) | 16 | <input type="checkbox"/> | Hematology Profile (w/diff) | P (1) | NA |
| 09 | <input type="checkbox"/> | Core Re-entry Panel HBsAg, Anti-HBc, MPX NATx2 (if other tests NR) | P (3) | (See Above) | 17 | <input type="checkbox"/> | WBC Count (LR Product) | P (1) | Fluorescent Microscopy |
| Comments: | | | | | OTHER | | | | |
| | | | | | Code | | Test Name | Specimen | Principle |
| | | | | | 18 | <input type="checkbox"/> | HIV/HCV/HBV NAT (MPX) | P(2) | PCR |
| | | | | | 19 | <input type="checkbox"/> | WNV NAT | P(2) | PCR |
| | <input type="checkbox"/> | CD 34 (Peripheral) | P(1) | Flow Cytometry | | | | | |
| | <input type="checkbox"/> | Chagas (T. Cruzii) Confirm: Abbott ESA Chagas* | R (1), P(1) | ELISA | | | | | |

KEY

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|----------------|--|----------|--------------------------------------|---------|---|
| HBsAg | Hepatitis B Surface Antigen | HBV | Hepatitis B Virus | ChLIA | Chemiluminescent immunoassay (alternate serology) |
| Anti-HCV | Hepatitis C Antibody | NAT | Nucleic (Acid) Amplification Testing | ELISA | Enzyme-linked Immunosorbent Assay |
| Anti-HIV 1,2 | Human Immunodeficiency Virus Antibody (1 and 2) | WNV | West Nile Virus | EIA | Enzyme Immunoassay |
| Anti-HTLV I/II | Human T Lymphotropic Virus Antibody (I/II) | IFA | Immunofluorescent Assay | R / (X) | Red Top (Serum) Tube / # of <u>7mL</u> Tubes Needed |
| TP | Treponema Pallidum | Anti-CMV | Cytomegalovirus Antibody | P / (X) | Purple Top (Plasma) Tube / # of <u>7mL</u> Tubes Needed |
| Anti-HBcore | Hepatitis B Core Antibody | PCR | Polymerase Chain reaction | * | Outsourced |

TBC USE ONLY

Sample Type: Pre-Screen , Donor Re-Entry , Lookback , Patient , Donor Counseling , Other _____
 TBC Non-Donor #: _____ Sample Accessioned: Tech Code: _____ Date: _____