

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
					20	<input type="checkbox"/>	CD 34 (Peripheral)	P(1)	Flow Cytometry
21	<input type="checkbox"/>	Chagas (T. Cruzi) Confirm: Abbott ESA Chagas*	R (1), P(1)	ELISA					

KEY

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 7mL Tubes Needed
TP	Treponema Pallidum	Anti-CMV	Cytomegalovirus Antibody	P / (X)	Purple Top (Plasma) Tube / # of 7mL 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: _____