

**REQUEST
FOR TESTING
Donor Testing Laboratory**



Time Received

Donor Testing Laboratory: (425) 656-7907 or toll-free (800) 406-4397; Laboratory staffed for questions daily, 24 hrs/day. See back of this form for labeling and sample requirements. Current test descriptions and CPT codes may be viewed at http://www.bloodworksnw.org/lab_virology/

TESTING PROFILES

Recipient/Patient Battery
Includes: HBsAg, anti-HBc, anti-HCV, anti-HTLV-I/II, anti-HIV-1/HIV-2, STS

Donor Battery
Includes: HBsAg, anti-HBc, anti-HCV, anti-HTLV-I/II, anti-HIV-1/HIV-2, STS, anti-T. cruzi, MPX 2.0 (HCV/HIV/HBV)/WNV NAT

HCV Reentry
Includes: anti-HCV, MPX 2.0 NAT

HIV Reentry
Includes: anti-HIV-1/HIV-2, MPX 2.0 NAT

anti-HBc Reentry
Includes: anti-HBc, HBsAg, MPX 2.0 NAT

INDIVIDUAL TESTS

3060-00 **HBsAg** 3077-05/ 3077-07/ **MPX 2.0 (HCV/HIV/HBV) NAT** 3078-16 **EBV VCA IgG**
3062-02 **HBsAg Confirmatory** 3078-06 (Donor samples only) 3078-17 **EBV NA IgG**
3064-00 **anti-HBc** 3078-08 **WNV NAT** 3078-18 **Toxoplasma IgG**
3063-00 **anti-HCV** 3078-08 (Donor samples only) *EBV and Toxoplasma tests are not licensed for blood donor screening*
3075-00 **anti-HIV-1/HIV-2** 3067-00 **STS** (Standard test for Syphilis)
3075-04 **HIV-1/HIV-2 Confirmatory** 3070-00 **anti-CMV**
3076-00 **anti-HTLV-I/II** 3071-01 **anti-T. Cruzi** (Chagas) (Donor samples only)
3076-03 **anti-HTLV-I/II Confirmatory**
 Screening Test Only (Do not perform confirmatory testing)

All information in **BOLD** font must be completed.

SPECIMEN IDENTIFICATION
Name and/or Hospital ID is required in section below. Name/ID must match EXACTLY name/ID on sample label.

Name on Sample LAST FIRST M.I.

Hospital Identification Number

Hospital/Institution

Sex (M/F) Date of Birth (mm/dd/yy)

All information in **BOLD** font must be completed.

Physician or Authorized Person Ordering Test:

Sample Drawn: DATE ___/___/___ TIME ___ am/pm

Sample Drawn By: _____

Has sample been previously frozen: Yes No

Diagnosis/ICD9/ICD10 Code: _____

Internal Use Only Number and Quality of Specimens Received	
Specimen Tubes	Specimen Quality
_____ Red Top	_____
_____ Lavender Top	_____
_____ Other	_____
<input type="checkbox"/> Accept <input type="checkbox"/> Reject	

All information in **BOLD** font must be completed.

Contact Person: _____ Name Phone number

If results are needed as soon as available, FAX to: _____ at _____ Name Fax number

SEND REPORT TO: Name _____ Street _____ City, State, Zip _____

SEND BILL TO: Name _____ Street _____ City, State, Zip _____

Form Completed By: _____ *Comments:* _____

Labeling Samples: All samples must be properly labeled and information must agree with the identification on the RFT.

- If a specimen is identified by name, there must also be a numeric identifier which may include Hospital number, birth date, or other coded identifier.
- If only a numeric identifier is used (with no name), the number must be a Hospital number or coded identifier. A birth date is not acceptable in this circumstance.
- A draw date should be on the sample but the sample will still be accepted if the draw information is on the RFT.

General Sample Requirements: Complete information on sample requirements (type, volume age and storage requirements), test descriptions, scheduling and reporting can be found at:

- http://www.bloodworksnw.org/lab_virology/

Confirmatory Testing: Confirmatory tests are automatically added to the request and performed at an additional charge if the screening test for HBsAg, Standard Test for Syphilis, anti-HIV-1/HIV-2, anti-HTLV-I/-II, or T.cruzi is reactive (unless otherwise indicated on the RFT).

For any questions, please call the laboratory (425-656-7907, or 800-406-4397) or visit <http://www.bloodworksnw.org>.

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HCV Reentry
Includes: anti-HCV, MPX 2.0 NAT

HIV Reentry
Includes: anti-HIV-1/HIV-2, MPX 2.0 NAT

anti-HBc Reentry
Includes: anti-HBc, HBsAg, MPX 2.0 NAT

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Form Completed By: _____	Comments: _____

TO REORDER FORMS CALL (425) 656-3019 or (425) 656-3022
Or reorder by e-mail at forms@bloodworksnw.org

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