

**REQUEST
FOR TESTING
Donor Testing Laboratory**



Time Received

Form 23-9-281

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 <https://www.bloodworksnw.org/labs/tests>

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, cobas™ MPX (HCV/HIV/HBV)/WNV NAT
- HCV Reentry**
Includes: anti-HCV, cobas™ MPX NAT
- HIV Reentry**
Includes: anti-HIV-1/HIV-2, cobas™ MPX NAT
- anti-HBc Reentry**
Includes: anti-HBc, HBsAg, cobas™ MPX NAT

- INDIVIDUAL TESTS**
- | | | |
|---------------------------------------------------------------------|----------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------|
| 3060-00 <input type="checkbox"/> HBsAg | 3077-05/
3077-07/ <input type="checkbox"/> cobas™ MPX (HCV/HIV/HBV)NAT | 3078-16 <input type="checkbox"/> EBV VCA IgG |
| 3062-02 <input type="checkbox"/> HBsAg Confirmatory | 3078-06 (Donor samples only) | 3078-17 <input type="checkbox"/> EBV NA IgG |
| 3064-00 <input type="checkbox"/> anti-HBc | 3078-08 <input type="checkbox"/> cobas™ WNV NAT | 3078-18 <input type="checkbox"/> Toxoplasma IgG |
| 3063-00 <input type="checkbox"/> anti-HCV | (Donor samples only) | <i>EBV and Toxoplasma tests are not licensed for blood donor screening</i> |
| 3075-00 <input type="checkbox"/> anti-HIV-1/HIV-2 | 3078-25 <input type="checkbox"/> cobas™ ZIKA NAT | 3083-10 <input type="checkbox"/> HLA Screening of Blood Donors For TRALI Mitigation |
| 3075-04 <input type="checkbox"/> HIV-1/HIV-2 Confirmatory | 3067-00 <input type="checkbox"/> STS (Standard test for Syphilis) | |
| 3076-00 <input type="checkbox"/> anti-HTLV-I/II | 3070-00 <input type="checkbox"/> anti-CMV | |
| 3076-03 <input type="checkbox"/> anti-HTLV-I/II Confirmatory | 3071-01 <input type="checkbox"/> anti-T. Cruzi (Chagas) | |
| | (Donor samples only) | |
- 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 <input type="checkbox"/> No <input type="checkbox"/>	
Diagnosis/ICD9/ICD10 Code: _____	
<i>Internal Use Only</i> <i>Number and Quality of Specimens Received</i>	
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:

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

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:

- <https://www.bloodworksnw.org/labs/tests>

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**
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- HIV Reentry**
Includes: anti-HIV-1/HIV-2, cobas™ MPX NAT
- anti-HBc Reentry**
Includes: anti-HBc, HBsAg, cobas™ MPX NAT

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