

DONOR TESTING LABORATORY

701 SW 39TH ST. | RENTON, WA 98057
Phone 425-656-7907 | **toll-free** 800-406-4397
 Laboratory Staffed for Questions 24/7

For current test descriptions and CPT codes visit <https://www.bloodworksnw.org/labs/tests>

TIME RECEIVED

TESTING PROFILES		
<input type="checkbox"/> Recipient/Patient Battery HBsAg, anti-HBc, anti-HCV, anti-HTLV-I/II, anti-HIV-1/HIV-2, STS	<input type="checkbox"/> Donor Battery HBsAg, anti-HBc, anti-HCV, anti-HTLV-I/II, anti-HIV-1/HIV-2, STS, anti-T. cruzi, (HCV/HIV/HBV) WNV NAT	
<input type="checkbox"/> HCV Reentry anti-HCV, HCV/HIV/HBV NAT	<input type="checkbox"/> HIV Reentry anti-HIV-1/HIV-2, HCV/HIV/HBV NAT	<input type="checkbox"/> Anti-HBc Reentry anti-HBc, HBsAg, HCV/HIV/HBV NAT
INDIVIDUAL TESTS		
3060-00 <input type="checkbox"/> HBsAg 3062-02 <input type="checkbox"/> HBsAg Confirmatory 3064-00 <input type="checkbox"/> Anti-HBc 3063-00 <input type="checkbox"/> Anti-HCV 3075-00 <input type="checkbox"/> Anti-HIV-1-2 Ag/Ab 3075-04 <input type="checkbox"/> HIV-1/HIV-2 Confirmatory 3076-00 <input type="checkbox"/> Anti-HTLV-I/II 3076-03 <input type="checkbox"/> Anti-HTLV-I/II Confirmatory 3067-00 <input type="checkbox"/> STS (Syphilis by RPR) 3074-02 <input type="checkbox"/> Anti-Treponemal EIA, IgG <input type="checkbox"/> Screening Test Only (Do not perform confirmatory testing.)	3077-05 <input type="checkbox"/> HCV/HIV/HBV NAT 3077-07 (Donor samples only) 3078-06 3078-08 <input type="checkbox"/> WNV NAT (Donor samples only) 3078-26 <input type="checkbox"/> Babesia NAT (Donor samples only) 3071-01 <input type="checkbox"/> Anti-T. Cruzi (Chagas) (Donor samples only) 3070-00 <input type="checkbox"/> Anti-CMV Total Ab 3074-13 <input type="checkbox"/> Anti-CMV IgM	3078-16 <input type="checkbox"/> EBV VCA IgG 3074-14 <input type="checkbox"/> EBV VCA IgM 3078-17 <input type="checkbox"/> EBV NA IgG 3078-18 <input type="checkbox"/> Toxoplasma IgG 3083-10 <input type="checkbox"/> HLA Screening of Blood Donors for TRALI Mitigation 3078-19 <input type="checkbox"/> Anti-Strongyloides, IgG 3079-11 <input type="checkbox"/> Archive sample _____ <input type="checkbox"/> Other: _____

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

Physician or Authorized Person Ordering Test:	
Sample drawn:	Sample drawn by:
DATE: ___/___/___ TIME: ___ am/pm	
Has sample been previously frozen: Yes <input type="checkbox"/> No <input type="checkbox"/>	
Diagnosis/ICD9/ICD10 Code:	
INTERNAL USE ONLY Number and quality of specimens received	
<i>Specimen Tubes</i>	<i>Specimen Quality</i>
Red top:	
Lavender top:	
Other:	
Accept <input type="checkbox"/> Reject <input type="checkbox"/>	

CONTACT PERSON:	
Name	Phone Number
SEND REPORT TO:	
Name:	
Street:	
City, State, ZIP:	
Form completed by:	

If results are needed as soon as available, FAX to:	
Name	Phone Number
SEND BILL TO:	
Name:	
Street:	
City, State, ZIP:	
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 <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, Syphilis by RPR, 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>.