

SAMPLE MANAGEMENT

Add on Test Request Form

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| Facility: | |
| Name of Requestor: | |
| Phone number/email: | |

Please email this form to TLLR@indianablood.org AND TLSM@indianablood.org

Lab phone: 317-916-5190

Date Requested: _____

| Sample ID | Test Requested |
|------------------------|---|
| Collection Date: _____ | <input type="checkbox"/> HBsAg <input type="checkbox"/> HCV <input type="checkbox"/> HIV <input type="checkbox"/> HBc <input type="checkbox"/> HTLV <input type="checkbox"/> CHA <input type="checkbox"/> AbScr <input type="checkbox"/> PK-TP <input type="checkbox"/> RPR <input type="checkbox"/> CMV <input type="checkbox"/> ABORh <input type="checkbox"/> C <input type="checkbox"/> c <input type="checkbox"/> E <input type="checkbox"/> e <input type="checkbox"/> K <input type="checkbox"/> HIV/ HCV/ HBV NAT <input type="checkbox"/> WNV <input type="checkbox"/> ZIKA Other _____ |
| Collection Date: _____ | <input type="checkbox"/> HBsAg <input type="checkbox"/> HCV <input type="checkbox"/> HIV <input type="checkbox"/> HBc <input type="checkbox"/> HTLV <input type="checkbox"/> CHA <input type="checkbox"/> AbScr <input type="checkbox"/> PK-TP <input type="checkbox"/> RPR <input type="checkbox"/> CMV <input type="checkbox"/> ABORh <input type="checkbox"/> C <input type="checkbox"/> c <input type="checkbox"/> E <input type="checkbox"/> e <input type="checkbox"/> K <input type="checkbox"/> HIV/ HCV/ HBV NAT <input type="checkbox"/> WNV <input type="checkbox"/> ZIKA Other _____ |
| Collection Date: _____ | <input type="checkbox"/> HBsAg <input type="checkbox"/> HCV <input type="checkbox"/> HIV <input type="checkbox"/> HBc <input type="checkbox"/> HTLV <input type="checkbox"/> CHA <input type="checkbox"/> AbScr <input type="checkbox"/> PK-TP <input type="checkbox"/> RPR <input type="checkbox"/> CMV <input type="checkbox"/> ABORh <input type="checkbox"/> C <input type="checkbox"/> c <input type="checkbox"/> E <input type="checkbox"/> e <input type="checkbox"/> K <input type="checkbox"/> HIV/ HCV/ HBV NAT <input type="checkbox"/> WNV <input type="checkbox"/> ZIKA Other _____ |

Received by/Date/Initials: _____ (IBC staff)

Comments: _____

Previous # TL100-02.5e

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| Version: | 5.0 04/02/2018 |
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