

**SAMPLE MANAGEMENT**

**Add on Test Request Form**

<b>Facility:</b>	
<b>Name of Requestor:</b>	
<b>Phone number/email:</b>	

Please email this form to [TLLR@indianablood.org](mailto:TLLR@indianablood.org) AND [TLSM@indianablood.org](mailto:TLSM@indianablood.org)

Lab phone: 317-916-5190

Date Requested: \_\_\_\_\_

<b>Sample ID</b>	<b>Test Requested</b>
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"/> 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"/> 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"/> HIV/ HCV/ HBV NAT <input type="checkbox"/> WNV <input type="checkbox"/> ZIKA Other _____

**Received by/Date/Initials:** \_\_\_\_\_ **(IBC staff)**

**Comments:** \_\_\_\_\_

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