

Client: _____

CLIENT SUPPLEMENTAL TEST REQUEST

Date Sent: _____

Draw Date	Sample ID	STS/ PK-TP	HCV	HB Core	HBs Ag	HIV	HTLV	CHA	NAT Triplex H/H/H	NAT WNV	HIV Conf HIV-1 WB HIV-2 EIA	HTLV Suppl.	CHA ESA	HBs Ab/ HBc IgM	HBsAg Conf. Neutral.	Syph Suppl.	Donor Re-Entry	
																	Triplex H/H/H *	dHBV, dHCV, or dHIV
<i>What to indicate in the various tests columns for the desired test(s):</i>		(✓)	A or O	A or O	A or O	A or O	A or O	A or O	R or G	R or G	(✓)	MP WB or Inno-LIA	(✓)	HBs Ab or HBc IgM	A or O	TrepSure, RPR, CAPTIA, FTA-ABS	R or G	HBV, HCV, or HIV

Sent By: _____

Instructions: Record **Draw Date**, **Sample ID**, and indicate desired test(s) with either a (✓) or other information as appropriate:

- For viral serologies, record “A” = Abbott platform or “O” = Ortho platform (both performed at IBC)
- For NAT, record “R” = Roche MPX test or “G” = Grifols Ultrio test (both performed at IBC)
- For NAT Donor Re-entry:
 - For Triplex (HBV/HCV/HIV) testing, record “R” = Roche MPX (* tested in duplicate) or “G” = Grifols Ultrio (* tested in triplicate)
 - For Discrim testing, record test needed dHBV, dHCV, or dHIV (for Grifols only – Roche provides automatic discrim)
- Tests **not** highlighted are performed at IBC.
- Tests highlighted **in Yellow** are shipped out for testing