

Patient ID (Numbers Only): _____ Physician: _____ Form Completed By: _____ Facility Name & Contact Information (Email or Fax, and Phone Number) _____ _____	Collection Date: _____ Time: _____ Centrifuged Date: _____ Time: _____ Sample Frozen Date: _____ Time: _____ <input type="checkbox"/> STAT (STAT fees will apply) <input type="checkbox"/> Routine For Versiti Donor Testing Laboratory Use Only: Received By: _____ Date: _____ Time: _____ Temp: _____ Centrifuge Date: _____ Time: _____ <div style="text-align: right;">Sample ID</div>
<input type="checkbox"/> Donor Re-entry Sample <input type="checkbox"/> Add on Request <input type="checkbox"/> All other samples	

Versiti Donor Testing Laboratory Tests				Third Party Laboratory Tests			
√	Test Code	Description	Panel Description	√	Test Code	Description	Date sent to Lab
	Panel 5502	Complete Donor Profile	HBsAg, HCV, HIV-1/2, HbC, HTLV-I/II, ABORh, Antibody Screen, Syphilis (PK-TP), HIV/HCV/HBV NAT		L6006700	Chagas ESA Confirmatory	Sent:
	Panel 5092	Organ/Tissue Profile	HBsAg, HCV, HIV-1/2, HbC, CMV, Syphilis (PK-TP), HIV/HCV/HBV NAT (IDT), WNV (IDT)		IgG: L6004520 IgM: L6004530	CMV IgG/IgM Discriminatory	Sent:
	Panel 5120	Infectious Disease Profile	HBsAg, HCV, HIV-1/2, HbC, HTLV-I/II, Syphilis (PK-TP), HIV/HCV/HBV NAT (IDT)		IgM: L6004530	CMV IgM	Sent:
	L6001610	ABO Group & Rh Type (Donor)			L6007800	EBV AB Nuclear Antigen	Sent:
	L6001620	ABO Group & Rh Type (Manual)			IgG: L6007510 IgM: L6007520	EBV IgG & IgM	Sent:
	L3004900	ABO Sub-grouping			L6007900	Factor V Leiden	Sent:
	L6006500	Antibody Screen (AbScr)			GC: L6008120 CT: L6008110	GC/Chlamydia	Sent:
	L6007400	CMV Antibody (total IgG/IgM)			L6008400	HbC Antibody IgM	Sent:
	L6008600	HBsAg Neutralization (Abbott)			L6008500	HBs Antibody Quantitative	Sent:
	A: L6000405 O: L6000415	Hepatitis B Core Antibody	<input type="checkbox"/> Abbott <input type="checkbox"/> Ortho		L6008700	HBsAg Neutralization (Ortho)	Sent:
	A: L6000105 O: L6000115	Hepatitis B Surface Antigen	<input type="checkbox"/> Abbott <input type="checkbox"/> Ortho		L6009600	hCG-Beta Quantitative-Serum	Sent:
	A: L6000605 O: L6000615	Hepatitis C Virus Antibody	<input type="checkbox"/> Abbott <input type="checkbox"/> Ortho		L6000640	HCV Genotype RT-PCR	Sent:
	A: L6001005 O: L6001015	HIV-1/2/O Antibody	<input type="checkbox"/> Abbott <input type="checkbox"/> Ortho		HIV1: L6001100 HIV2: L6001410	HIV-1 WB & HIV-2 EIA Confirmatory	Sent:
	A: L6000815 O: L6000835	HTLV-I/II Antibody	<input type="checkbox"/> Abbott <input type="checkbox"/> Ortho		L6000810	HTLV MP 2.4 Confirmatory WB	Sent:
	A: L6006800 O: L6006900	Chagas Antibody (<i>T. cruzi</i>)	<input type="checkbox"/> Abbott <input type="checkbox"/> Ortho		L6000830	HTLV Supplemental INNO-LIA	Sent:
	L6004350	Syphilis (PK-TP)			L6013800	Parvo B19 Qualitative PCR	Sent:
	L6004380	Syphilis Confirmatory Captia EIA			IgG: L6012700 IgM: L6012800	Parvo IgG & IgM	Sent:
	RPR: L6004360 Titer: L6004330	Syphilis RPR (□Titer if RPR Pos)			L6010700	Serum Protein Electrophoresis	Sent:
	R: L6004120 G: L6004130	West Nile Virus NAT (IDT)	<input type="checkbox"/> Roche <input type="checkbox"/> Grifols		L6011900	Strongyloides IgG Antibody	Sent:
	R: L6009890 G: L6019950	HBV/HCV/HIV NAT (IDT)	<input type="checkbox"/> Roche MPX <input type="checkbox"/> Grifols Ultrio		L6004310	Syphilis Confirmatory FTA-Abs	Sent:
	L6001055	HIV NAT (IDT) (Roche)	<input type="checkbox"/> Roche MPX		IgG: L6012010 IgM: L6012020	Toxoplasmosis IgG & IgM	Sent:
	L6000660	HCV NAT (IDT) (Roche)	<input type="checkbox"/> Roche MPX		L6012010	Toxoplasmosis IgG	Sent:
	L6001040	HBV NAT (IDT) (Roche)	<input type="checkbox"/> Roche MPX - Two replicates		L6006300	ALT	Sent:
	L6001050	HBV NAT (IDT) (Grifols)	<input type="checkbox"/> Grifols Ultrio - Three replicates		Other:		Sent:
	dHBV: L6001035 dHCV: L6000650 dHIV: L6001045	NAT Discrimination (Grifols)	<input type="checkbox"/> dHBV <input type="checkbox"/> dHCV <input type="checkbox"/> dHIV	Comments: _____ _____ _____ _____ _____ _____ _____ _____			
	L6012200	ZIKA Virus NAT (IDT)					
	L6009725	Hemoglobin S (Solubility)					

TEST RESULT LEGEND N = Negative/Non-Reactive R = Initial Reactive P = Positive/Repeat Reactive CLR = All results complete and final for requested test(s) *** = Incomplete test or Abnormal result I = Pending Initial testing TOF = To Follow, pending final resolution UNA = Unable to obtain a valid result NT = Testing not attempted	Versiti Donor Testing Laboratory Use Only Reviewed by: _____ Date: _____ Sent to Client by: _____ Date: _____
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