



**LABORATORY TEST REQUEST FORM**  
**Versiti Indiana, Inc. • Donor Testing Laboratory**  
 3450 N. Meridian St. • Indianapolis, IN 46208 • (317) 916-5190

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 <b>For Versiti Donor Testing Laboratory Use Only:</b> Received By: _____ Date: _____ Time: _____ Temp: _____ Centrifuge Date: _____ Time: _____ <div style="text-align: right;"><b>Sample ID</b></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
	<b>Panel 5502</b>	Complete Donor Profile	HBsAg, HCV, HIV-1/2, HbC, HTLV-I/II, ABORh, Antibody Screen, Syphilis (PK-TP), HIV/HCV/HBV NAT		<b>L6006700</b>	Chagas ESA Confirmatory	Sent:
	<b>Panel 5092</b>	Organ/Tissue Profile	HBsAg, HCV, HIV-1/2, HbC, CMV, Syphilis (PK-TP), HIV/HCV/HBV NAT (IDT), WNV (IDT)		<b>IgG: L6004520</b> <b>IgM: L6004530</b>	CMV IgG/IgM Discriminatory	Sent:
	<b>Panel 5120</b>	Infectious Disease Profile	HBsAg, HCV, HIV-1/2, HbC, HTLV-I/II, Syphilis (PK-TP), HIV/HCV/HBV NAT (IDT)		<b>IgM: L6004530</b>	CMV IgM	Sent:
	<b>L6001610</b>	ABO Group & Rh Type (Donor)			<b>L6007800</b>	EBV AB Nuclear Antigen	Sent:
	<b>L6001620</b>	ABO Group & Rh Type (Manual)			<b>IgG: L6007510</b> <b>IgM: L6007520</b>	EBV IgG & IgM	Sent:
	<b>L3004900</b>	ABO Sub-grouping			<b>L6007900</b>	Factor V Leiden	Sent:
	<b>L6006500</b>	Antibody Screen (AbScr)			<b>GC: L6008120</b> <b>CT: L6008110</b>	GC/Chlamydia	Sent:
	<b>L6007400</b>	CMV Antibody (total IgG/IgM)			<b>L6008400</b>	HbC Antibody IgM	Sent:
	<b>L6008600</b>	HBsAg Neutralization (Abbott)			<b>L6008500</b>	HBs Antibody Quantitative	Sent:
	<b>A: L6000405</b> <b>O: L6000415</b>	Hepatitis B Core Antibody	<input type="checkbox"/> Abbott <input type="checkbox"/> Ortho		<b>L6008700</b>	HBsAg Neutralization (Ortho)	Sent:
	<b>A: L6000105</b> <b>O: L6000115</b>	Hepatitis B Surface Antigen	<input type="checkbox"/> Abbott <input type="checkbox"/> Ortho		<b>L6009600</b>	hCG-Beta Quantitative-Serum	Sent:
	<b>A: L6000605</b> <b>O: L6000615</b>	Hepatitis C Virus Antibody	<input type="checkbox"/> Abbott <input type="checkbox"/> Ortho		<b>L6000640</b>	HCV Genotype RT-PCR	Sent:
	<b>A: L6001015</b> <b>O: L6001005</b>	HIV-1/2/O Antibody	<input type="checkbox"/> Abbott <input type="checkbox"/> Ortho		<b>HIV1: L6001110</b> <b>HIV2: L6001410</b>	HIV-1 WB & HIV-2 EIA Confirmatory	Sent:
	<b>A: L6000815</b> <b>O: L6000835</b>	HTLV-I/II Antibody	<input type="checkbox"/> Abbott <input type="checkbox"/> Ortho		<b>L6000810</b>	HTLV MP 2.4 Confirmatory WB	Sent:
	<b>A: L6006800</b> <b>O: L6006900</b>	Chagas Antibody ( <i>T. cruzi</i> )	<input type="checkbox"/> Abbott <input type="checkbox"/> Ortho		<b>L6000830</b>	HTLV Supplemental INNO-LIA	Sent:
	<b>L6004350</b>	Syphilis (PK-TP)			<b>L6013800</b>	Parvo B19 Qualitative PCR	Sent:
	<b>L6004380</b>	Syphilis Confirmatory Captia EIA			<b>IgG: L6012700</b> <b>IgM: L6012800</b>	Parvo IgG & IgM	Sent:
	<b>RPR: L6004360</b> <b>Titer: L6004330</b>	Syphilis RPR ( <input type="checkbox"/> Titer if RPR Pos)			<b>L6010700</b>	Serum Protein Electrophoresis	Sent:
	<b>R: L6004120</b> <b>G: L6004130</b>	West Nile Virus NAT (IDT)	<input type="checkbox"/> Roche <input type="checkbox"/> Grifols		<b>L6011900</b>	Strongyloides IgG Antibody	Sent:
	<b>R: L6009890</b> <b>G: L6019950</b>	HBV/HCV/HIV NAT (IDT)	<input type="checkbox"/> Roche MPX <input type="checkbox"/> Grifols Ultrio		<b>L6004310</b>	Syphilis Confirmatory FTA-Abs	Sent:
	<b>L6001055</b>	HIV NAT (IDT) (Roche)	<input type="checkbox"/> Roche MPX		<b>IgG: L6012010</b> <b>IgM: L6012020</b>	Toxoplasmosis IgG & IgM	Sent:
	<b>L6000660</b>	HCV NAT (IDT) (Roche)	<input type="checkbox"/> Roche MPX		<b>L6012010</b>	Toxoplasmosis IgG	Sent:
	<b>L6001040</b>	HBV NAT (IDT) (Roche)	<input type="checkbox"/> Roche MPX - Two replicates		<b>L6006300</b>	ALT	Sent:
	<b>L6001050</b>	HBV NAT (IDT) (Grifols)	<input type="checkbox"/> Grifols Ultrio - Three replicates		<b>Other:</b>		Sent:
	<b>dHBV: L6001035</b> <b>dHCV: L6000650</b> <b>dHIV: L6001045</b>	NAT Discrimination (Grifols)	<input type="checkbox"/> dHBV <input type="checkbox"/> dHCV <input type="checkbox"/> dHIV	Comments: _____ _____ _____ _____ _____ _____ _____ _____ _____ _____			
	<b>L6012200</b>	ZIKA Virus NAT (IDT)					
	<b>L6009725</b>	Hemoglobin S (Solubility)					

<b>TEST RESULT LEGEND</b> 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	<b>Versiti Donor Testing Laboratory Use Only</b>  Reviewed by: _____ Date: _____  Sent to Client by: _____ Date: _____
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