

Donor Testing Test Request Form

Indiana Blood Center • 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 <hr/> For Indiana Blood Center Use Only: <input type="checkbox"/> 5701 <input type="checkbox"/> 5702 <input type="checkbox"/> 5703 <input type="checkbox"/> 5704 Received By: _____ Date: _____ Time: _____ Temp: _____ Centrifuge Date: _____ Time: _____ <div style="text-align: right; border: 1px solid black; padding: 2px;">Sample ID</div>
<input type="checkbox"/> Donor Re-entry Sample <input type="checkbox"/> Employee Injury Sample <input type="checkbox"/> Add on Request	

Mark Test	CODE	DESCRIPTION	PROFILE/PANEL DESCRIPTION
	5502	Complete Donor Profile & NAT	HBsAg, HCV, HIV-1/2, HBc, HTLV-I/II, Antibody Screen (AbScr), Syphilis (PK-TP), ABORh, HIV/HCV/HBV NAT
	5092	Organ/Tissue Profile	HBsAg, HCV, HIV-1/2, HBc, Syphilis (PK-TP), CMV, HIV/HCV/HBV NAT (IDT), WNV (IDT)
	5120	Infectious Disease Profile	HBsAg, HCV, HIV-1/2, HBc, HTLV-I/II, Syphilis (PK-TP), HIV/HCV/HBV NAT (IDT)
	5030	ABO Group & Rh Type (Donor)	TEST RESULT LEGEND N = Negative/Non-Reactive R = Initial Reactive P = Positive/Repeat Reactive CLR = All results complete/final for requested test(s) *** = Incomplete test or Abnormal result I = Pending Initial testing TOF = Pending Final result resolution UNA = Unable to obtain a valid result NT = Testing not attempted
	5031	ABO Group & Rh Type (Manual)	
	4000	ABO Sub-grouping	
	4082H	Hemoglobin S Solubility	
	5200	Antibody Screen (AbScr)	
	5086	Syphilis (PK-TP)	
	5104	Syphilis Confirmatory (Captia EIA)	
	5094/5088	Syphilis RPR (<input type="checkbox"/> Titer if RPR Pos)	
	5060	CMV Antibody (total IgG/IgM)	
	5005A	HBsAg Neutralization (Abbott)	
	5010	Hepatitis B Surface Antigen	<input type="checkbox"/> Abbott <input type="checkbox"/> Ortho
	5105	Hepatitis C Virus Antibody	<input type="checkbox"/> Abbott <input type="checkbox"/> Ortho
	5110	HIV-1/2/O Antibody	<input type="checkbox"/> Abbott <input type="checkbox"/> Ortho
	5040	Hepatitis B Core Antibody	<input type="checkbox"/> Abbott <input type="checkbox"/> Ortho
	5082	HTLV-I/II Antibody	<input type="checkbox"/> Abbott <input type="checkbox"/> Ortho
	5021	Chagas Antibody (<i>T. cruzi</i>)	<input type="checkbox"/> Abbott <input type="checkbox"/> Ortho
	5012	West Nile Virus NAT (IDT)	<input type="checkbox"/> Roche <input type="checkbox"/> Grifols
	5011	HBV/HCV/HIV NAT (IDT)	<input type="checkbox"/> Roche MPX <input type="checkbox"/> Grifols Ultrio
	5015R	HIV NAT (IDT)	<input type="checkbox"/> Roche MPX
	5016R	HCV NAT (IDT)	<input type="checkbox"/> Roche MPX
	5019R	HBV NAT (IDT) Two replicates	<input type="checkbox"/> Roche MPX
	5018G	HBV NAT (IDT) Three replicates	<input type="checkbox"/> Grifols Ultrio
	5017 / 5016/5015	NAT Discrimination (Grifols)	<input type="checkbox"/> dHBV <input type="checkbox"/> dHCV <input type="checkbox"/> dHIV
	5029	ZIKA Virus NAT (IDT)	

For Testing Laboratory (Lot Release) USE ONLY

Reviewed By: _____ Date: _____

Sent to Client: _____ Date: _____

Third Party Laboratory Tests							
				Mark Test	Test Code	Description	
	5115	Chagas ESA Confirmatory	Sent:				
	5161XY	CMV IgG/IgM Discriminatory	Sent:		5099	HTLV MP 2.4 Confirmatory WB	Sent:
	5161Y	CMV IgM	Sent:		5096	HTLV Supplemental INNO-LIA	Sent:
	5177	EBV Ab Nuclear Antigen	Sent:		5233	Parvo B19 Quantitative PCR	Sent:
	5163/5164	EBV IgG & IgM	Sent:		5230/5231	Parvo IgG & IgM	Sent:
	5320	Factor V Leiden	Sent:		5171	Serum Protein Electrophoresis	Sent:
	5128	GC/Chlamydia	Sent:		5176	Strongyloides Antibody IgG	Sent:
	5162	HBc Antibody IgM	Sent:		5085	Syphilis Confirmatory FTA-Abs	Sent:
	5005T	HBsAg Neutralization (Ortho)	Sent:		5175XY	Toxoplasmosis IgG & IgM	Sent:
	5020	HBs Antibody Quantitative	Sent:		5175X	Toxoplasmosis IgG	Sent:
	5172	hCG-Beta Quantitative	Sent:		5087	ALT	Sent:
	5117	HCV Genotype RT-PCR	Sent:	Comments: _____ _____ _____			
	5125/5138	HIV-1 WB & HIV-2 EIA Confirmatory	Sent:				