

INDIANA BLOOD CENTER INDIANAPOLIS, INDIANA 46208 – ph# 317-916-5193
PATIENT/DONOR TEST REQUEST FORM

Instructions for completing this form—each step should be performed for each sample recorded:

- Record the sample's ID or affix a barcode label to this column.
- Record the sample's draw date.
- Select test(s) to be performed: Mark the "Panel" column if your site's routine test panel is applicable, otherwise select individual test(s).
(NOTE: Shaded boxes are for IBC Use Only.)
- To modify your site's routine test panel: Place a "+" in the desired column to add a test or place a "—" in the desired column to remove a test.
(Use this option only if 1 or 2 tests need to be added/removed from the routine panel.)
- Indicate need for confirmatory testing for any repeat reactive/positive samples.
- Record any special requests in the Comments Section at the bottom of the form.

CLIENT: _____

Rack Batch #: _____

¹ Barcode Number	² Draw Date	³ Panel (IBC Staff – Refer to TL100-2.B)	³ Individual Test Requests / ⁴ Panel Changes													⁵ Conf. Testing Needed?		
			HBs	HIV	HCV	HTLV	HBC	CHA	ABO /Rh	STS	CMV	ABY	FERR	HIV-1 /HCV /HBV NAT	WNV NAT			
																	YES	NO
																	YES	NO
																	YES	NO
																	YES	NO
																	YES	NO
																	YES	NO
																	YES	NO
																	YES	NO
																	YES	NO
																	YES	NO
																	YES	NO
																	YES	NO
																	YES	NO
																	YES	NO
																	YES	NO

⁶COMMENTS: _____ Prepared By: (Initials) _____

Reviewed By: (Initials) _____