



Phone: (513) 648-7900  
 Fax: (513) 906-5819  
 Email: [SpecialChemistry@thechristhospital.com](mailto:SpecialChemistry@thechristhospital.com)

### Special Chemistry Laboratory Requisition

#### DONOR IDENTIFICATION INFORMATION

<b>Donor ID</b>		<b>Date of Birth</b>
<b>Referral #</b>		<b>Additional ID:</b>
<b>Gender</b>	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other _____	<b>Priority:</b> <input type="checkbox"/> Stat <input type="checkbox"/> Routine

#### BILLING INFORMATION

<b>Account</b>	<input type="checkbox"/> Solvita Dayton (349 S. Main Street Dayton, Ohio 45402 Ph: 937-461-3273)
	<input type="checkbox"/> Solvita Toledo (2736 North Holland-Sylvania Road Toledo, Ohio 43615 Ph: 419-536-4924)
	<input type="checkbox"/> Lions Eye Bank of West Central Ohio (3309 Office Park Dr., Dayton, OH 45439 Ph: 937-396-1000)

#### SPECIMEN INFORMATION

TUBE TYPE	COLLECTION INFORMATION			TRANSFUSION STATUS	SAMPLE INFORMATION	ADDITIONAL INFORMATION
<b>EDTA</b> QTY: ____	DATE: _____ TIME: _____	<input type="checkbox"/> CST <input type="checkbox"/> EST	<input type="checkbox"/> PST <input type="checkbox"/> MST	<input type="checkbox"/> Pre <input type="checkbox"/> Post	<input type="checkbox"/> Living <input type="checkbox"/> Pre-Mortem <input type="checkbox"/> Post-Mortem	Centrifuge: D/T _____ Refrig: D/T _____ Frozen: D/T _____
<b>SST</b> QTY: ____	DATE: _____ TIME: _____	<input type="checkbox"/> CST <input type="checkbox"/> EST	<input type="checkbox"/> PST <input type="checkbox"/> MST	<input type="checkbox"/> Pre <input type="checkbox"/> Post	<input type="checkbox"/> Living <input type="checkbox"/> Pre-Mortem <input type="checkbox"/> Post-Mortem	Centrifuge: D/T _____ Refrig: D/T _____ Frozen: D/T _____
<b>RED</b> QTY: ____	DATE: _____ TIME: _____	<input type="checkbox"/> CST <input type="checkbox"/> EST	<input type="checkbox"/> PST <input type="checkbox"/> MST	<input type="checkbox"/> Pre <input type="checkbox"/> Post	<input type="checkbox"/> Living <input type="checkbox"/> Pre-Mortem <input type="checkbox"/> Post-Mortem	Centrifuge: D/T _____ Refrig: D/T _____ Frozen: D/T _____
<b>OTHER</b> QTY: ____	DATE: _____ TIME: _____	<input type="checkbox"/> CST <input type="checkbox"/> EST	<input type="checkbox"/> PST <input type="checkbox"/> MST	<input type="checkbox"/> Pre <input type="checkbox"/> Post	<input type="checkbox"/> Living <input type="checkbox"/> Pre-Mortem <input type="checkbox"/> Post-Mortem	Centrifuge: D/T _____ Refrig: D/T _____ Frozen: D/T _____

#### TEST PROFILES

- Eye Panel #1**  
(HBc Ab Total, HBs Ag, HCV Ab, HIV Ag/Ab, HIV/HCV/HBV NAT, RPR)
- Tissue Panel #1**  
(HBc Ab Total, HBs Ag, HCV Ab, HIV Ag/Ab, HIV/HCV/HBV NAT, HTLV I/II, RPR)

#### INDIVIDUAL TESTS

- |  |   |
|--|---|
| <input type="checkbox"/> Chagas Antibody (E, R, S) | <input type="checkbox"/> HCV Ab (E, R, S)           |
| <input type="checkbox"/> CMV IgG (R, S) *          | <input type="checkbox"/> HIV Ag/Ab ( E, R, S)       |
| <input type="checkbox"/> CMV IgM (R, S) *          | <input type="checkbox"/> HIV/HCV/HBV NAT (E, R, S)  |
| <input type="checkbox"/> CMV Ab Total (E, R)       | <input type="checkbox"/> HTLV I/II (E, R, S)        |
| <input type="checkbox"/> EBV IgG (R, S) *          | <input type="checkbox"/> RPR (E, R)                 |
| <input type="checkbox"/> EBV IgM (R, S) *          | <input type="checkbox"/> Strongyloides IgG (R, S) * |
| <input type="checkbox"/> HBc Ab IgM (E, R, S) *    | <input type="checkbox"/> Syphilis Ab (E, R)         |
| <input type="checkbox"/> HBc Ab Total ( E, R, S)   | <input type="checkbox"/> Toxo IgG (R, S) *          |
| <input type="checkbox"/> HBs Ag (E, R, S)          | <input type="checkbox"/> Toxo IgM (R, S) *          |
|  | <input type="checkbox"/> Archive Only               |

#### PROVIDE REPORTS TO:

- Artivion (donorinformation@artivion.com)
- Axogen (donorrecords@axogeninc.com)
- LeMaitre Vascular, Inc. (RFAQA@lemaitre.com)
- Lifebanc (AllTissueQS@lifebanc.org)
- Life Connection of Ohio (clinical\_vfax@lifeconnection.org)
- Lifeline of Ohio (LoopTissue@lifelineofohio.org)
- LifeNet (labreports@lifenethealth.org)
- Lions Eye Bank of West Central Ohio (techs@lebwcoonline.org)
- Solvita Dayton (ctsdrecoverycoordinators@communitytissue.org)
- Solvita Toledo (CTS-NWTEmailGroup@solvita.org)
- Other, please specify \_\_\_\_\_

\*TESTS CANNOT BE RUN ON POST-MORTEM SPECIMENS  
 KEY: E = EDTA; R = Plain Red Top; S = SST

#### FOR LAB USE ONLY

Labels: \_\_\_\_\_

Qualified specimen:  Yes  No      Tech: \_\_\_\_\_      Date: \_\_\_\_\_