

Special Chemistry Laboratory Requisition

DONOR IDENTIFICATION INFORMATION

Donor ID		Date of Birth:
Referral #		Date/Time of Death (post-mortem only)
Gender	☐ Male ☐ Female ☐ Other _____	Additional ID:

BILLING INFORMATION

Account	☐ Solvita Dayton (349 S. Main Street Dayton, Ohio 45402 Ph: 937-461-3273)
	☐ Solvita Toledo (2736 North Holland-Sylvania Road Toledo, Ohio 43615 Ph: 419-536-4924)
	☐ 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
EDTA QTY: ____	DATE: _____ TIME: _____	☐ CST ☐ PST ☐ EST ☐ MST	☐ Pre ☐ Post	☐ Living ☐ Pre-Mortem ☐ Post-Mortem	Centrifuge: D/T _____ Refrig: D/T _____ Frozen: D/T _____
SST QTY: ____	DATE: _____ TIME: _____	☐ CST ☐ PST ☐ EST ☐ MST	☐ Pre ☐ Post	☐ Living ☐ Pre-Mortem ☐ Post-Mortem	Centrifuge: D/T _____ Refrig: D/T _____ Frozen: D/T _____
RED QTY: ____	DATE: _____ TIME: _____	☐ CST ☐ PST ☐ EST ☐ MST	☐ Pre ☐ Post	☐ Living ☐ Pre-Mortem ☐ Post-Mortem	Centrifuge: D/T _____ Refrig: D/T _____ Frozen: D/T _____
OTHER QTY: ____	DATE: _____ TIME: _____	☐ CST ☐ PST ☐ EST ☐ MST	☐ Pre ☐ Post	☐ Living ☐ Pre-Mortem ☐ Post-Mortem	Centrifuge: D/T _____ Refrig: D/T _____ Frozen: D/T _____

TEST PROFILES

- ☐ **Eye Panel, Routine** (HBc Ab Total, HBs Ag, HCV Ab, HIV Ag/Ab, HIV/HCV/HBV NAT, RPR)
- ☐ **Tissue Panel, Routine** (HBc Ab Total, HBs Ag, HCV Ab, HIV Ag/Ab, HIV/HCV/HBV NAT, HTLV I/II, RPR)
- ☐ **Research Panel, Routine** (HBc Ab Total, HBs Ag, HCV Ab, HIV Ag/Ab)
- ☐ **Archive Only**

INDIVIDUAL TESTS

CMV IgG (R, S) *	HCV Ab (E, R, S)
CMV IgM (R, S) *	HIV Ag/Ab (E, R, S)
CMV Ab Total (E, R)	HIV/HCV/HBV NAT (E, R, S)
EBV IgG (R, S) *	HTLV I/II (E, R, S)
EBV IgM (R, S) *	RPR (E, R)
HBc Ab IgM (E, R, S) *	Syphilis Ab (E, R)
HBc Ab Total (E, R, S)	Toxo IgG (R, S) *
HBs Ag (E, R, S)	Toxo IgM (R, S) *

*** TESTS CANNOT BE RUN ON POST-MORTEM SPECIMENS**

KEY: E = EDTA; R = Plain Red Top; S = SST

PROVIDE REPORTS TO:

- ☐ Artivion (recoveryinformation@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@lebwconline.org)
- ☐ Loop@mtf.org
- ☐ Solvita Dayton (ctsdrecoverycoordinators@communitytissue.org)
- ☐ Solvita Toledo (CTS-NWTEmailGroup@solvita.org)
- ☐ Other, please specify _____

FOR LAB USE ONLY

Labels: _____

Qualified specimen: ☐ Yes ☐ No Tech: _____ Date: _____