



Phone: (513) 648-7900
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Special Chemistry Laboratory Requisition

DONOR IDENTIFICATION INFORMATION

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

BILLING INFORMATION

Account	<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)

SPECIMEN INFORMATION

TUBE TYPE	COLLECTION INFORMATION			TRANSFUSION STATUS	SAMPLE INFORMATION	ADDITIONAL INFORMATION
EDTA 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 _____
SST 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 _____
RED 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 _____
OTHER 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"/> CMV IgG (R, S) * | <input type="checkbox"/> HCV Ab (E, R, S) |
| <input type="checkbox"/> CMV IgM (R, S) * | <input type="checkbox"/> HIV Ag/Ab (E, R, S) |
| <input type="checkbox"/> CMV Ab Total (E, R) | <input type="checkbox"/> HIV/HCV/HBV NAT (E, R, S) |
| <input type="checkbox"/> EBV IgG (R, S) * | <input type="checkbox"/> HTLV I/II (E, R, S) |
| <input type="checkbox"/> EBV IgM (R, S) * | <input type="checkbox"/> RPR (E, R) |
| <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) * |

Archive Only

PROVIDE REPORTS TO:

- Artivion (donorinformation@artivion.com)
- Axogen (donorrecords@axogeninc.com)
- LeMaitre Vascular, Inc. (RFAQA@lemaitre.com)
- LifeNet (labreports@lifenethealth.org)
- Life Connection of Ohio (clinical_vfax@lifeconnection.org)
- Lions Eye Bank of West Central Ohio (techs@lebwoonline.org)
- Other, please specify _____

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

FOR LAB USE ONLY

Labels: _____

Qualified specimen: Yes No Tech: _____ Date: _____