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| --- | --- | --- | --- | --- |
| Patient ID *(Numbers Only):* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Physician: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Form Completed By: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Facility Name & Contact Information (Email or Fax, and Phone Number)  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Collection Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Centrifuged Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Sample Frozen Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | Time: \_\_\_\_\_\_\_\_  Time: \_\_\_\_\_\_\_\_  Time: \_\_\_\_\_\_\_\_ |
|  | |  | |
| For Versiti Donor Testing **Laboratory Use Only**:  Received By: \_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_ Time:\_\_\_\_\_\_\_ Temp:\_\_\_\_  Centrifuge Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Time: \_\_\_\_\_\_\_\_\_\_\_\_\_ | | | |
|  | **Sample ID** | | |
| **Sample:  Donor Re-entry  Add on Request  Employee Exposure  Other \_\_\_\_\_\_\_\_\_\_\_\_** | |

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| **Versiti Donor Testing Laboratory Tests** | | | | | **Third Party Laboratory Tests**  “O” = Ortho test; “G” = Grifols test | | | |
| **√** | **Test Code** | **Description** | | **Panel Description** | **√** | **Test Code** | **Description** | **Date Sent to Lab** |
|  | **Panel 5502** | Complete Donor Profile | | HBsAg, HCV, HIV-1/2, HBc, HTLV-I/II, ABORh, Antibody Screen, Syphilis (PK-TP), HIV/HCV/HBV NAT |  | **L6006700** | Chagas ESA Confirmatory | Sent: |
|  | **Panel 5092** | Organ/Tissue Profile | | HBsAg, HCV, HIV-1/2, HBc, CMV, Syphilis (PK-TP), HIV/HCV/HBV NAT(IDT), WNV(IDT) |  | **IgG: L6004520**  **IgM: L6004530** | CMV IgG/IgM Discriminatory | Sent: |
|  | **Panel 5120** | Infectious Disease Profile | | HBsAg, HCV, HIV-1/2, HBc, HTLV-I/II, Syphilis (PK-TP), HIV/HCV/HBV NAT (IDT) |  | **IgG: L6007510**  **IgM: L6007520** | EBV IgG & IgM | Sent: |
|  | **L6001610** | ABO Group/Rh Type (Donor) | |  |  | **L6007900** | Factor V Leiden | Sent: |
|  | **L6001620** | ABO Group/Rh Type (Manual) | |  |  | **GC: L6008120**  **CT: L6008110** | GC/Chlamydia | Sent: |
|  | **L3004900** | ABO Sub-grouping | |  |  | **L6008400** | HBc Antibody IgM | Sent: |
|  | **L6006500** | Antibody Screen (AbScr) | |  |  | **L6008500** | HBs Antibody Quantitative | Sent: |
|  | **L6007400** | CMV Antibody (total IgG/IgM) | |  |  | **L6000640** | HCV Genotype RT-PCR | Sent: |
|  | **L6008600** | HBsAg Neutralization | | Abbott |  | **O: L6008700** | HBsAg Neutralization Ortho | Sent: |
|  | **L6000405** | Hepatitis B Core Antibody | | Abbott |  | **O: L6000415** | Hepatitis B Core Antibody | Sent: |
|  | **L6000105** | Hepatitis B Surface Antigen | | Abbott |  | **O: L6000115** | Hepatitis B Surface Antigen | Sent: |
|  | **L6000605** | Hepatitis C Virus Antibody | | Abbott |  | **O: L6000615** | Hepatitis C Virus Antibody | Sent: |
|  | **L6001015** | HIV-1/2/O Antibody | | Abbott |  | **O: L6001005** | HIV-1/2/O Antibody | Sent: |
|  | **L6000815** | HTLV-I/II Antibody | | Abbott |  | **O: L6000835** | HTLV-I/II Antibody | Sent: |
|  | **L6001120** | HIV–1/2 Confirmatory | | Bio-Rad Geenius Immunoassay |  | **L6000810** | HTLV MP 2.4 Confirmatory WB | Sent: |
|  | **L6006800** | Chagas Antibody (*T. cruzi*) | | Abbott |  | **O: L6006900** | Chagas Antibody (*T. cruzi*) | Sent: |
|  | **L6004350** | Syphilis (PK-TP) | |  |  | **G: L6019950** | NAT HBV/HCV/HIV Ultrio | Sent: |
|  | **L6004380** | Syphilis Confirmatory | | Captia EIA |  | **G: L6001050** | NAT HBV Ultrio Triplicate | Sent: |
|  | **RPR: L6004360**  **Titer: L6004330** | Syphilis ASI RPR Card | |  RPR Titer if RPR is Pos |  | **dHBV: L6001035**  **dHCV: L6000650**  **dHIV: L6001045** | dHBV dHCV dHIV | Sent: |
|  | **L6004120** | NAT West Nile Virus (IDT) | | Roche |  | **G: L6004130** | NAT West Nile Virus (IDT) | Sent: |
|  | **L6009890** | NAT HBV/HCV/HIV (IDT) | | Roche MPX |  | **G: L6006625** | NAT Babesia (IDT) | Sent: |
|  | **L6001052** | NAT HBV (IDT) | | Roche MPX |  | **L6006300** | ALT | Sent: |
|  | **L6000660** | NAT HCV (IDT) | |  Roche MPX |  | **L6009600** | Beta-hCG Quantitative-Serum | Sent: |
|  | **L6001055** | NAT HIV (IDT) | | Roche MPX |  | **L6010700** | Serum Protein Electrophoresis | Sent: |
|  | **L6006515** | NAT Babesia (IDT) | | Roche |  | **L6011900** | Strongyloides IgG Antibody | Sent: |
|  | **L6009725** | Hemoglobin S (Solubility) | |  |  | **L6004310** | Syphilis Confirm. FTA-Abs | Sent: |
|  | **Other:** |  | |  |  | **IgG: L6012010**  **IgM: L6012020** | Toxoplasmosis IgG & IgM | Sent: |
|  | **Other:** |  | |  |  | **Other:** |  | Sent: |
|  | **Other:** |  | |  | Comments: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | |
| **TEST RESULT LEGEND**  N = Negative/Non-Reactive  R = Initial Reactive  P = Positive/Repeat Reactive  CLR = All results complete and final for  requested test(s)  \*\*\* = Incomplete test or Abnormal result  I = Pending Initial testing  TOF = To Follow, pending final resolution  UNA = Unable to obtain a valid result  NT = Testing not attempted | | | **Versiti Testing Laboratory Use Only**  Reviewed by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Sent to Client by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |