



**LABORATORY TEST REQUEST FORM**  
**Versiti Indiana, Inc. • Donor Testing Laboratory**  
 3450 N. Meridian St. • Indianapolis, IN 46208 • (317) 916-5190

Patient ID (Numbers Only): _____ Physician: _____ Form Completed By: _____ Facility Name & Contact Information (Email or Fax, and Phone Number) _____ _____	Collection Date: _____ Time: _____ Centrifuged Date: _____ Time: _____ Sample Frozen Date: _____ Time: _____ <b>For Versiti Donor Testing Laboratory Use Only:</b> Received By: _____ Date: _____ Time: _____ Temp: _____ Centrifuge Date: _____ Time: _____ <div style="text-align: center; border: 1px solid black; padding: 2px;"><b>Sample ID</b></div>
Sample: <input type="checkbox"/> Donor Re-entry <input type="checkbox"/> Add on Request <input type="checkbox"/> Employee Exposure <input type="checkbox"/> Other _____	

Versiti Donor Testing Laboratory Tests				Third Party Laboratory Tests		"O" = Ortho test; "G" = Grifols test	
✓	Test Code	Description	Panel Description	✓	Test Code	Description	
	<b>Panel 5502</b>	Complete Donor Profile	HBsAg, HCV, HIV-1/2, HbC, HTLV-I/II, ABORh, Antibody Screen, Syphilis (PK-TP), HIV/HCV/HBV NAT		<b>L6006700</b>	Chagas ESA Confirmatory	
	<b>Panel 5092</b>	Organ/Tissue Profile	HBsAg, HCV, HIV-1/2, HbC, CMV, Syphilis (PK-TP), HIV/HCV/HBV NAT (IDT), WNV (IDT)		<b>IgG: L6004520</b> <b>IgM: L6004530</b>	CMV IgG/IgM Discriminatory	
	<b>Panel 5120</b>	Infectious Disease Profile	HBsAg, HCV, HIV-1/2, HbC, HTLV-I/II, Syphilis (PK-TP), HIV/HCV/HBV NAT (IDT)		<b>IgG: L6007510</b> <b>IgM: L6007520</b>	EBV IgG & IgM	
	<b>L6001610</b>	ABO Group/Rh Type (Donor)			<b>L6007900</b>	Factor V Leiden	
	<b>L6001620</b>	ABO Group/Rh Type (Manual)			<b>GC: L6008120</b> <b>CT: L6008110</b>	GC/Chlamydia	
	<b>L3004900</b>	ABO Sub-grouping			<b>L6008400</b>	HbC Antibody IgM	
	<b>L6006500</b>	Antibody Screen (AbScr)			<b>L6008500</b>	HBs Antibody Quantitative	
	<b>L6007400</b>	CMV Antibody (total IgG/IgM)			<b>L6000640</b>	HCV Genotype RT-PCR	
	<b>L6008600</b>	HBsAg Neutralization	Abbott		<b>O: L6008700</b>	HBsAg Neutralization Ortho	
	<b>L6000405</b>	Hepatitis B Core Antibody	Abbott		<b>O: L6000415</b>	Hepatitis B Core Antibody	
	<b>L6000105</b>	Hepatitis B Surface Antigen	Abbott		<b>O: L6000115</b>	Hepatitis B Surface Antigen	
	<b>L6000605</b>	Hepatitis C Virus Antibody	Abbott		<b>O: L6000615</b>	Hepatitis C Virus Antibody	
	<b>L6001015</b>	HIV-1/2/O Antibody	Abbott		<b>O: L6001005</b>	HIV-1/2/O Antibody	
	<b>L6000815</b>	HTLV-I/II Antibody	Abbott		<b>O: L6000835</b>	HTLV-I/II Antibody	
	<b>L6001120</b>	HIV-1/2 Confirmatory	Bio-Rad Geenius Immunoassay		<b>L6000810</b>	HTLV MP 2.4 Confirmatory WB	
	<b>L6006800</b>	Chagas Antibody ( <i>T. cruzi</i> )	Abbott		<b>O: L6006900</b>	Chagas Antibody ( <i>T. cruzi</i> )	
	<b>L6004350</b>	Syphilis (PK-TP)			<b>G: L6019950</b>	NAT HBV/HCV/HIV Ultrio	
	<b>L6004380</b>	Syphilis Confirmatory	CAPTIA EIA		<b>G: L6001050</b>	NAT HBV Ultrio Triplicate	
	<b>L6004120</b>	NAT West Nile Virus (IDT)	Roche		<b>dHBV: L6001035</b> <b>dHCV: L6000650</b> <b>dHIV: L6001045</b>	<input type="checkbox"/> dHBV <input type="checkbox"/> dHCV <input type="checkbox"/> dHIV	
	<b>L6009890</b>	NAT HBV/HCV/HIV (IDT)	Roche MPX		<b>G: L6004130</b>	NAT West Nile Virus (IDT)	
	<b>L6001052</b>	NAT HBV (IDT)	Roche MPX		<b>G: L6006625</b>	NAT Babesia (IDT)	
	<b>L6000660</b>	NAT HCV (IDT)	Roche MPX		<b>L6006300</b>	ALT	
	<b>L6001055</b>	NAT HIV (IDT)	Roche MPX		<b>L6009600</b>	Beta-hCG Quantitative-Serum	
	<b>L6006515</b>	NAT Babesia (IDT)	Roche		<b>L6010700</b>	Serum Protein Electrophoresis (SPE)	
	<b>L6009725</b>	Hemoglobin S (Solubility)			<b>L6011900</b>	Strongyloides IgG Antibody	
	<b>Other:</b>				<b>L6004310</b>	Syphilis Confirm. FTA-Abs	
	<b>Other:</b>				<b>RPR: L6004360</b> <b>Titer: L6004330</b>	<input type="checkbox"/> RPR Titer if RPR is Pos	
					<b>IgG: L6012010</b> <b>IgM: L6012020</b>	Toxoplasmosis IgG & IgM	
					<b>Other:</b>		
					<b>Other:</b>		
<b>TEST RESULT LEGEND</b> 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				<b>Versiti Testing Laboratory Use Only</b> Reviewed by: _____ Date: _____ Sent to Client by: _____ Date: _____		Comments: _____ _____ _____	