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### Special Chemistry Laboratory Requisition

#### DONOR IDENTIFICATION INFORMATION

<b>Donor ID</b>		<b>Date of Birth:</b>
<b>Referral #</b>		<b>Date/Time of Death</b> (post-mortem only)
<b>Gender</b>	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other _____	<b>Additional ID:</b>

#### 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

- 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**

#### ACCEPTABLE SPECIMENS

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@lebwcoonline.org)
- Loop@mtf.org
- Solvita Dayton (SolvitaDaytonRecoveryCoordinatorsEmailGroup@solvita.org)
- Solvita Toledo (solvita-toledoemailgroup@solvita.org)
- RegenTX (donors@RTXpartnersllc.com)

#### FOR LAB USE ONLY

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

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