The Christ Hospital Health Network
7450 Mason Montgomery Rd Ste 109 Mason, Ohio 45040
Phone: (513) 648-7900 Fax: (513) 906-5819
Email: SpecialChemistry@thechristhospital.com

Special Chemistry Laboratory Requisition

DONOR IDENTIFICATION INFORMATION

Donor ID		**Date of Birth**	
Referral #		**Additional ID:**	
Gender	☐ Male ☐ Female ☐ Other _____	**Priority**: ☐ Stat ☐ Routine	

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 ☐ EST	☐ PST ☐ MST	☐ Pre ☐ Post	☐ Living ☐ Pre-Mortem ☐ Post-Mortem	Centrifuge: D/T _____ Refrig: D/T _____ Frozen: D/T _____
SST **QTY: ___**	DATE: _____ TIME: _____	☐ CST ☐ EST	☐ PST ☐ MST	☐ Pre ☐ Post	☐ Living ☐ Pre-Mortem ☐ Post-Mortem	Centrifuge: D/T _____ Refrig: D/T _____ Frozen: D/T _____
RED **QTY: ___**	DATE: _____ TIME: _____	☐ CST ☐ EST	☐ PST ☐ MST	☐ Pre ☐ Post	☐ Living ☐ Pre-Mortem ☐ Post-Mortem	Centrifuge: D/T _____ Refrig: D/T _____ Frozen: D/T _____
OTHER **QTY: ___**	DATE: _____ TIME: _____	☐ CST ☐ EST	☐ PST ☐ MST	☐ Pre ☐ Post	☐ Living ☐ Pre-Mortem ☐ 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)

☐ **Archive Only**

COLLECTION INFORMATION

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)
☐ 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: _____