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### Special Chemistry Laboratory Requisition

#### DONOR IDENTIFICATION INFORMATION

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

#### BILLING INFORMATION

**Account**  LifeCenter Organ Donor Network (615 Elsinore Pl Ste 400 Cincinnati, OH 45202 Ph: 513-558-5555)

#### 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

- Organ**  
(CMV IgG\*, CMV IgM\*, EBV IgG\*, EBV IgM\*, HBc Ab Total, HBs Ag, HCV Ab, HIV Ag/Ab, HIV/HCV/HBV NAT, RPR, Toxo IgG\*, Toxo IgM\*)
- Tissue**  
(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

#### DONOR HISTORY

- Please check all known positives:
- HBV  
 HCV  
 HIV  
 Other, please specify \_\_\_\_\_

#### PROVIDE REPORTS TO:

- Cincinnati Eye Bank  
 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: \_\_\_\_\_