



**ALBERTA  
PRECISION  
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Laboratory Medicine

# Tissue and Bone Marrow Transplant Donor Testing Requisition

Edmonton Site - Phone 780.407.7121 Fax 780.407.3864  
**Virologist/Microbiologist-on-call 780.407.8822**  
 Calgary Site - Phone 403.944.1200 Fax 403.270.2216  
**Virologist/Microbiologist-on-call 403.944.1200**

Scanning Label or Accession # (lab only)

<b>Patient</b>	PHN		Expiry: _____		Date of Birth (dd-Mon-yyyy)		
	Legal Last Name			Legal First Name		Middle Name	
	Alternate Identifier		Preferred Name		<input type="checkbox"/> Male	<input type="checkbox"/> Female	Phone
					<input type="checkbox"/> Non-binary	<input type="checkbox"/> Prefer not to disclose	
Address			City/Town		Prov	Postal Code	
<b>Provider(s)</b>	Authorizing Provider Name (last, first, middle)			Copy to Name (last, first, middle)		Copy to Name (last, first, middle)	
	Address			Phone	Address		
	CC Provider ID	CC Submitter ID	Legacy ID	Phone	Phone		
	Clinic Name			Clinic Name		Clinic Name	
<b>Collection</b>		Date (dd-Mon-yyyy)		Time (24 hr)	Location	Collector ID	
<b>Donor Condition</b>			<input type="checkbox"/> Living		<b>Testing Priority</b>		
			<input type="checkbox"/> Cadaveric		<input type="checkbox"/> Routine		
					<input type="checkbox"/> Stat		
<b>Tissue Donor Collection Protocol</b>					<b>Bone Marrow Donor Collection Protocol</b>		
<b>Type of Donation</b> <input type="checkbox"/> Non-eye Tissue donor <input type="checkbox"/> Eye donor					<b>Serology</b>		
<b>Serology</b> <input type="checkbox"/> 2 SST tubes (Gold Top, 2X5mL)					<input type="checkbox"/> 2 SST tubes (Gold Top, 2X5mL)		
<b>Nucleic Acid Testing</b> <input type="checkbox"/> 5 mL EDTA (Lavender Top, 2X4mL or 1X6mL)					<input type="checkbox"/> 5 mL EDTA (Lavender Top, 2X4mL or 1X6mL)		
<b>Tissue Donor Serology and NAT (November 1 - May 31)</b>					<b>Bone Marrow Donor Serology Testing</b>		
<input type="checkbox"/> <b>Winter Panel</b> DONORWINTER		<input type="checkbox"/> <b>CTC Winter Panel</b> CTC WINTER		<input type="checkbox"/> <b>Bone Marrow Transplant Panel</b> BM TX DONOR			
Tests included in this panel:		Tests included in this panel:		Tests included in this panel:			
<ul style="list-style-type: none"> <li>Hepatitis B surface antigen</li> <li>Hepatitis B core total antibody</li> <li>Hepatitis C antibody</li> <li>HIV 1/2 antigen/antibody</li> <li>HTLV I/II antibody</li> <li>Syphilis antibody</li> <li>Hepatitis B Virus NAT, Hepatitis C Virus NAT, HIV NAT</li> </ul>		<ul style="list-style-type: none"> <li>Hepatitis B surface antigen</li> <li>Hepatitis B core total antibody</li> <li>Hepatitis C antibody</li> <li>HIV 1/2 antigen/antibody</li> <li>Syphilis antibody</li> <li>Hepatitis B Virus NAT, Hepatitis C Virus NAT, HIV NAT</li> </ul>		<ul style="list-style-type: none"> <li>Hepatitis B surface antigen</li> <li>Hepatitis B core total antibody</li> <li>Hepatitis C antibody</li> <li>HIV 1/2 antigen/antibody</li> <li>HTLV I/II antibody</li> <li>Syphilis antibody</li> <li>Cytomegalovirus total antibody</li> </ul>			
<input type="checkbox"/> <b>West Nile Virus NAT</b>				DNR WNVNAT			
<b>Tissue Donor Serology and NAT (June 1 - October 31)</b>					<b>Bone Marrow Donor Nucleic Acid Testing</b>		
<input type="checkbox"/> <b>Summer Panel</b> DONORSUMMER		<input type="checkbox"/> <b>CTC Summer Panel</b> CTC SUMMER		<input type="checkbox"/> <b>West Nile Virus NAT</b> DNR WNVNAT			
Tests included in this panel:		Tests included in this panel:		<input type="checkbox"/> <b>Hepatitis B Virus NAT, Hepatitis C Virus NAT, HIV NAT</b> DNR NATPNL			
<ul style="list-style-type: none"> <li>Hepatitis B surface antigen</li> <li>Hepatitis B core total antibody</li> <li>Hepatitis C antibody</li> <li>HIV 1/2 antigen/antibody</li> <li>HTLV I/II antibody</li> <li>Syphilis antibody</li> <li>Hepatitis B Virus NAT, Hepatitis C Virus NAT, HIV NAT</li> <li>West Nile Virus NAT</li> </ul>		<ul style="list-style-type: none"> <li>Hepatitis B surface antigen</li> <li>Hepatitis B core total antibody</li> <li>Hepatitis C antibody</li> <li>HIV 1/2 antigen/antibody</li> <li>Syphilis antibody</li> <li>Hepatitis B Virus NAT, Hepatitis C Virus NAT, HIV NAT</li> <li>West Nile Virus NAT</li> </ul>					