

**REQUEST  
FOR TESTING  
Donor Testing Laboratory**



Time Received

Form 23-9-281

Donor Testing Laboratory: (425) 656-7907 or toll-free (800) 406-4397; Laboratory staffed for questions daily, 24 hrs/day. See back of this form for labeling and sample requirements. Current test descriptions and CPT codes may be viewed at <https://www.bloodworksnw.org/labs/tests>

**TESTING PROFILES**

- Recipient/Patient Battery**  
Includes: HBsAg, anti-HBc, anti-HCV, anti-HTLV-I/II, anti-HIV-1/HIV-2, STS
- Donor Battery**  
Includes: HBsAg, anti-HBc, anti-HCV, anti-HTLV-I/II, anti-HIV-1/HIV-2, STS, anti-T. cruzi, cobas™ MPX (HCV/HIV/HBV)/WNV NAT
- HCV Reentry**  
Includes: anti-HCV, cobas™ MPX NAT
- HIV Reentry**  
Includes: anti-HIV-1/HIV-2, cobas™ MPX NAT
- anti-HBc Reentry**  
Includes: anti-HBc, HBsAg, cobas™ MPX NAT

- INDIVIDUAL TESTS**
- |   |  |  |
|---|--|--|
| 3060-00 <input type="checkbox"/> <b>HBsAg</b>                       | 3077-05/<br>3077-07/ <input type="checkbox"/> <b>cobas™ MPX (HCV/HIV/HBV)NAT</b> | 3078-16 <input type="checkbox"/> <b>EBV VCA IgG</b>  |
| 3062-02 <input type="checkbox"/> <b>HBsAg Confirmatory</b>          | 3078-06 (Donor samples only)   | 3078-17 <input type="checkbox"/> <b>EBV NA IgG</b>   |
| 3064-00 <input type="checkbox"/> <b>anti-HBc</b>                    | 3078-08 <input type="checkbox"/> <b>cobas™ WNV NAT</b>                           | 3078-18 <input type="checkbox"/> <b>Toxoplasma IgG</b>                                     |
| 3063-00 <input type="checkbox"/> <b>anti-HCV</b>                    | (Donor samples only)   | <i>EBV and Toxoplasma tests are not licensed for blood donor screening</i>                 |
| 3075-00 <input type="checkbox"/> <b>anti-HIV-1/HIV-2</b>            | 3078-25 <input type="checkbox"/> <b>cobas™ ZIKA NAT</b>                          | 3083-10 <input type="checkbox"/> <b>HLA Screening of Blood Donors For TRALI Mitigation</b> |
| 3075-04 <input type="checkbox"/> <b>HIV-1/HIV-2 Confirmatory</b>    | (Donor samples only)   |  |
| 3076-00 <input type="checkbox"/> <b>anti-HTLV-I/II</b>              | 3067-00 <input type="checkbox"/> <b>STS</b> (Standard test for Syphilis)         |  |
| 3076-03 <input type="checkbox"/> <b>anti-HTLV-I/II Confirmatory</b> | 3070-00 <input type="checkbox"/> <b>anti-CMV</b>                                 |  |
|   | 3071-01 <input type="checkbox"/> <b>anti-T. Cruzi</b> (Chagas)                   |  |
|   | (Donor samples only)   |  |
- Screening Test Only** (Do not perform confirmatory testing)

All information in **BOLD** font must be completed.

<b>SPECIMEN IDENTIFICATION</b> Name and/or Hospital ID is required in section below. Name/ID must match EXACTLY name/ID on sample label.	
<b>Name on Sample</b>	<b>LAST FIRST M.I.</b>
<b>Hospital Identification Number</b>	
<b>Hospital/Institution</b>	
Sex (M/F)	Date of Birth (mm/dd/yy)

All information in **BOLD** font must be completed.

<b>Physician or Authorized Person Ordering Test:</b>	
Sample Drawn: <b>DATE</b> ___/___/___ <b>TIME</b> ___ am/pm	
Sample Drawn By: _____	
<b>Has sample been previously frozen:</b> Yes <input type="checkbox"/> No <input type="checkbox"/>	
Diagnosis/ICD9/ICD10 Code: _____	
<i>Internal Use Only</i> <i>Number and Quality of Specimens Received</i>	
Specimen Tubes	Specimen Quality
____ Red Top	_____
____ Lavender Top	_____
____ Other	_____
<input type="checkbox"/> Accept <input type="checkbox"/> Reject	

All information in **BOLD** font must be completed.

<b>Contact Person:</b> _____ Name Phone number	If results are needed as soon as available, FAX to: _____ at _____ Name Fax number
<b>SEND REPORT TO:</b> Name _____ Street _____ City, State, Zip _____	<b>SEND BILL TO:</b> Name _____ Street _____ City, State, Zip _____
<b>Form Completed By:</b> _____	<b>Comments:</b> _____

TO REORDER FORMS CALL (425) 656-3019 or (425) 656-3022  
Or reorder by e-mail at [forms@bloodworksnw.org](mailto:forms@bloodworksnw.org)

**Labeling Samples:** All samples must be properly labeled and information must agree with the identification on the RFT.

- If a specimen is identified by name, there must also be a numeric identifier which may include Hospital number, birth date, or other coded identifier.
- If only a numeric identifier is used (with no name), the number must be a Hospital number or coded identifier. A birth date is not acceptable in this circumstance.
- A draw date should be on the sample but the sample will still be accepted if the draw information is on the RFT.

**General Sample Requirements:** Complete information on sample requirements (type, volume age and storage requirements), test descriptions, scheduling and reporting can be found at:

- <https://www.bloodworksnw.org/labs/tests>

**Confirmatory Testing:** Confirmatory tests are automatically added to the request and performed at an additional charge if the screening test for HBsAg, Standard Test for Syphilis, anti-HIV-1/HIV-2, anti-HTLV-I/-II, or T.cruzi is reactive (unless otherwise indicated on the RFT).

For any questions, please call the laboratory (425-656-7907, or 800-406-4397) or visit <http://www.bloodworksnw.org>.

**REQUEST  
FOR TESTING  
Donor Testing Laboratory**



Time Received

Form 23-9-281

Donor Testing Laboratory: (425) 656-7907 or toll-free (800) 406-4397; Laboratory staffed for questions daily, 24 hrs/day. See back of this form for labeling and sample requirements. Current test descriptions and CPT codes may be viewed at <https://www.bloodworksnw.org/labs/tests>

**TESTING PROFILES**

- Recipient/Patient Battery**  
Includes: HBsAg, anti-HBc, anti-HCV, anti-HTLV-I/II, anti-HIV-1/HIV-2, STS
- Donor Battery**  
Includes: HBsAg, anti-HBc, anti-HCV, anti-HTLV-I/II, anti-HIV-1/HIV-2, STS, anti-T. cruzi, cobas™ MPX (HCV/HIV/HBV)/WNV NAT
- HCV Reentry**  
Includes: anti-HCV, cobas™ MPX NAT
- HIV Reentry**  
Includes: anti-HIV-1/HIV-2, cobas™ MPX NAT
- anti-HBc Reentry**  
Includes: anti-HBc, HBsAg, cobas™ MPX NAT

- INDIVIDUAL TESTS**
- |   |  |  |
|---|--|--|
| 3060-00 <input type="checkbox"/> <b>HBsAg</b>                       | 3077-05/<br>3077-07/ <input type="checkbox"/> <b>cobas™ MPX (HCV/HIV/HBV)NAT</b> | 3078-16 <input type="checkbox"/> <b>EBV VCA IgG</b>  |
| 3062-02 <input type="checkbox"/> <b>HBsAg Confirmatory</b>          | 3078-06 (Donor samples only)   | 3078-17 <input type="checkbox"/> <b>EBV NA IgG</b>   |
| 3064-00 <input type="checkbox"/> <b>anti-HBc</b>                    | 3078-08 <input type="checkbox"/> <b>cobas™ WNV NAT</b>                           | 3078-18 <input type="checkbox"/> <b>Toxoplasma IgG</b>                                     |
| 3063-00 <input type="checkbox"/> <b>anti-HCV</b>                    | (Donor samples only)   | <i>EBV and Toxoplasma tests are not licensed for blood donor screening</i>                 |
| 3075-00 <input type="checkbox"/> <b>anti-HIV-1/HIV-2</b>            | 3078-25 <input type="checkbox"/> <b>cobas™ ZIKA NAT</b>                          | 3083-10 <input type="checkbox"/> <b>HLA Screening of Blood Donors For TRALI Mitigation</b> |
| 3075-04 <input type="checkbox"/> <b>HIV-1/HIV-2 Confirmatory</b>    | 3067-00 <input type="checkbox"/> <b>STS</b> (Standard test for Syphilis)         |  |
| 3076-00 <input type="checkbox"/> <b>anti-HTLV-I/II</b>              | 3070-00 <input type="checkbox"/> <b>anti-CMV</b>                                 |  |
| 3076-03 <input type="checkbox"/> <b>anti-HTLV-I/II Confirmatory</b> | 3071-01 <input type="checkbox"/> <b>anti-T. Cruzi</b> (Chagas)                   |  |
|   | (Donor samples only)   |  |
- Screening Test Only** (Do not perform confirmatory testing)

All information in **BOLD** font must be completed.

<b>SPECIMEN IDENTIFICATION</b> Name and/or Hospital ID is required in section below. Name/ID must match EXACTLY name/ID on sample label.	
<b>Name on Sample</b> <b>LAST</b> <b>FIRST</b> <b>M.I.</b>	
<b>Hospital Identification Number</b>	
<b>Hospital/Institution</b>	
Sex (M/F)	Date of Birth (mm/dd/yy)

All information in **BOLD** font must be completed.

<b>Physician or Authorized Person Ordering Test:</b>	
_____	
<b>Sample Drawn: DATE</b> ____/____/____ <b>TIME</b> ____ am/pm	
Sample Drawn By: _____	
<b>Has sample been previously frozen: Yes</b> <input type="checkbox"/> <b>No</b> <input type="checkbox"/>	
Diagnosis/ICD9/ICD10 Code: _____	
<i>Internal Use Only</i>	
<i>Number and Quality of Specimens Received</i>	
Specimen Tubes	Specimen Quality
_____ Red Top	_____
_____ Lavender Top	_____
_____ Other	_____
<input type="checkbox"/> Accept <input type="checkbox"/> Reject	

All information in **BOLD** font must be completed

<b>Contact Person:</b> _____ <b>Name</b> <b>Phone number</b>	If results are needed as soon as available, FAX to: _____ at _____ <b>Name</b> <b>Fax number</b>
<b>SEND REPORT TO:</b> <b>Name</b> _____ <b>Street</b> _____ <b>City, State, Zip</b> _____	<b>SEND BILL TO:</b> <b>Name</b> _____ <b>Street</b> _____ <b>City, State, Zip</b> _____
<b>Form Completed By:</b> _____	<b>Comments:</b>

TO REORDER FORMS CALL (425) 656-3019 or (425) 656-3022  
Or reorder by e-mail at [forms@bloodworksnw.org](mailto:forms@bloodworksnw.org)

**Labeling Samples:** All samples must be properly labeled and information must agree with the identification on the RFT.

- If a specimen is identified by name, there must also be a numeric identifier which may include Hospital number, birth date, or other coded identifier.
- If only a numeric identifier is used (with no name), the number must be a Hospital number or coded identifier. A birth date is not acceptable in this circumstance.
- A draw date should be on the sample but the sample will still be accepted if the draw information is on the RFT.

**General Sample Requirements:** Complete information on sample requirements (type, volume age and storage requirements), test descriptions, scheduling and reporting can be found at:

- <https://www.bloodworksnw.org/labs/tests>

**Confirmatory Testing:** Confirmatory tests are automatically added to the request and performed at an additional charge if the screening test for HBsAg, Standard Test for Syphilis, anti-HIV-1/HIV-2, anti-HTLV-I/-II, or T.cruzi is reactive (unless otherwise indicated on the RFT).

For any questions, please call the laboratory (425-656-7907, or 800-406-4397) or visit <http://www.bloodworksnw.org>.