Provincial Laboratory for Public Health
Deceased Organ Donor Requisition

Patient
PHN
Expiry: ________ Date of Birth (dd-Mon-yyyy)
Legal Last Name
Legal First Name Alternate Identifier
Middle Name Preferred Name
 Male
 Female
X Non-binary/Prefer not to disclose
Phone
Address City/Town Prov Postal Code

Provider(s)
Authorizing Provider Name (last, first, middle)
Address Phone Address Phone
CC Provider ID CC Submitter ID Legacy ID Phone Phone
Clinic Name

Collection
Date (dd-Mon-yyyy) Time (24 hr) Location Collector ID

☐ Pre-transfusion ☐ Post-transfusion

Collection Protocol
☐ Collect 3 SST and 4 EDTA tubes

Provincial Lab Technologist Contact Information
Calgary
Mon-Fri 0700-2300 and Weekends/Stat holidays 0800-1700 call Virology Technologist at 403.944.1212
(leave message if no answer)
Mon-Fri 2301-0659 and Weekends/Stat holidays 1701-0759 call Virology Technologist on call at 403.660.3099 or alternate 403.669.0966 (leave message if no answer)

Serology (STAT)
☐ Local Donor Panel
Tests included in this panel:
 HIV 1/2 antigen/antibody
 HTLV I/II antibody
 Hepatitis C antibody
 Hepatitis B surface antigen
 Hepatitis B surface antibody
 Hepatitis B core total antibody
HOPE LOCAL
 Syphilis antibody
 Epstein-Barr virus antibody panel
 CMV IgG
 Toxoplasma IgG
 Hepatitis B surface antibody
 Hepatitis B core total antibody

☐ Distant Donor (only perform the following tests if they have not been performed at distant site)
☐ HTLV I/II HTLV
☐ Toxoplasma IgG TOXO IGG
☐ Hepatitis B surface antibody HBV SAB PROV

Nucleic Acid Testing (STAT) - Local or Distant Donor
☐ West Nile Virus NAT WNV PCR TRANS (SPHL) / DNR WNV NAT (NPHL)
☐ 6 hr TAT
☐ 24 hr TAT
Seasonal Testing June 1 to December 31. Testing January 1 to May 31 if recent travel to WNV endemic location
Indicate recent travel ______________________

☐ Hepatitis B Virus NAT, Hepatitis C Virus NAT, HIV NAT DNR NAT PN

Donor Coordinator Pager Number Fax Number

Phone Results to