

Tissue and Bone Marrow Transplant Donor Testing Requisition

Edmonton Site 8440-112 St. T6G 2J2
Phone 780.407.7121 Fax 780.407.3864

Virologist/Microbiologist-on-call 780.407.8822

Calgary Site 3030 Hospital Dr NW T2N 4W4
Phone 403.944.1200 Fax 403.270.2216

Virologist/Microbiologist-on-call 403.944.1200

Patient	PHN		Alternate Identifier		Date of Birth (yyyy-Mon-dd)	
	Last Name		First Name		Middle	Gender <input type="checkbox"/> M <input type="checkbox"/> F
	Address		City/Town	Prov	Postal Code	
				Location		
Requestor (s)	Requestor Name (last, first)		Copy to (last, first)		Copy to (last, first)	
	Location/Facility/Address		Location/Facility/Address		Location/Facility/Address	
	Phone		Phone		Phone	
	Healthcare Provider ID		Healthcare Provider ID		Healthcare Provider ID	
Donor Condition	<input type="checkbox"/> Living <input type="checkbox"/> Cadaveric	Testing Priority	<input type="checkbox"/> Routine <input type="checkbox"/> Stat	Date Collected (yyyy-Mon-dd)	Time (24 hr)	Collector ID
Tissue Donor Collection Protocol				Bone Marrow Donor Collection Protocol		
Type of Donation <input type="checkbox"/> Non-eye Tissue donor <input type="checkbox"/> Eye donor				Serology		
Serology <input type="checkbox"/> 2 SST tubes (Gold Top, 2X5mL)				<input type="checkbox"/> 2 SST tubes (Gold Top, 2X5mL) <input type="checkbox"/> 5 mL EDTA (Lavender Top, 2X4mL or 1X6mL)		
Nucleic Acid Testing <input type="checkbox"/> 5 mL EDTA (Lavender Top, 2X4mL or 1X6mL)				Nucleic Acid Testing <input type="checkbox"/> 5 mL EDTA (Lavender Top, 2X4mL or 1X6mL)		
Tissue Donor Serology and NAT (November 1 - May 31)				Bone Marrow Donor Serology Testing		
<input type="checkbox"/> Winter Panel DONORWINTER Tests included in this panel: • Hepatitis B surface antigen • Hepatitis B core total antibody • Hepatitis C antibody • HIV 1/2 antigen/antibody • HTLV I/II antibody • Syphilis antibody • Hepatitis B Virus NAT, Hepatitis C Virus NAT, HIV NAT		<input type="checkbox"/> CTC Winter Panel CTC WINTER Tests included in this panel: • Hepatitis B surface antigen • Hepatitis B core total antibody • Hepatitis C antibody • HIV 1/2 antigen/antibody • Syphilis antibody • Hepatitis B Virus NAT, Hepatitis C Virus NAT, HIV NAT		<input type="checkbox"/> Bone Marrow Transplant Panel BM TX DONOR Tests included in this panel: • Hepatitis B surface antigen • Hepatitis B core total antibody • Hepatitis C antibody • HIV 1/2 antigen/antibody • HTLV I/II antibody • Syphilis antibody • Cytomegalovirus total antibody		
<input type="checkbox"/> West Nile Virus NAT DNR WNVNAT						
Tissue Donor Serology and NAT (June 1 - October 31)				Bone Marrow Donor Nucleic Acid Testing		
<input type="checkbox"/> Summer Panel DONORSUMMER Tests included in this panel: • Hepatitis B surface antigen • Hepatitis B core total antibody • Hepatitis C antibody • HIV 1/2 antigen/antibody • HTLV I/II antibody • Syphilis antibody • Hepatitis B Virus NAT, Hepatitis C Virus NAT, HIV NAT • West Nile Virus NAT		<input type="checkbox"/> CTC Summer Panel CTC SUMMER Tests included in this panel: • Hepatitis B surface antigen • Hepatitis B core total antibody • Hepatitis C antibody • HIV 1/2 antigen/antibody • Syphilis antibody • Hepatitis B Virus NAT, Hepatitis C Virus NAT, HIV NAT • West Nile Virus NAT		<input type="checkbox"/> West Nile Virus NAT DNR WNVNAT <input type="checkbox"/> Hepatitis B Virus NAT, Hepatitis C Virus NAT, HIV NAT DNR NATPNL		