

APPLY ACCESSION #
BARCODE LABEL
HERE



CELLTX SUPPORT: 520-633-4125

RESET

PRIMARY REPORTING/BILL TO CLIENT				IDENTIFICATION INFORMATION			
	ACCOUNT#	ACCOUNT NAME:		DONOR ID			
☒	C4044	Health Network Lab Medicine		ADDITIONAL ID #1		ADDITIONAL ID #2	
				DATE OF BIRTH		AGE	GENDER
SAMPLE INFORMATION							
TEST RUN: ☒ ROUTINE							
TOTAL # OF SAMPLES:		TIME ZONE:	☒ ET ☐ CT ☐ MT ☐ PT ☐ Other _____	PACKAGED DATE / TIME:		SHIPPER TYPE:	☐ Wet Ice ☐ Ambient ☒ Other: <u>Frozen</u>
SAMPLE INFORMATION	COLLECTION DATE / TIME		CENTRIFUGE DATE / TIME		REFRIGERATION DATE / TIME		FROZEN DATE / TIME
☒ Living							
PROFILE REQUESTED							
☒ 3466: HBcTotal, HBsAg, HCV, HIV 1&2, CMV Total, RPR, HIV/HCV/HBV NAT, WNV NAT, HTLV I/II, Chagas							
INDIVIDUAL TESTS							
☒ 31350: Toxo IgG ☒ 10900: WNV IgM							

Tube A: _____ Tube B: _____ Tube C: _____ Tube D: _____ Tube E: _____ Tube F: _____ Other: _____