

Rhode Island Blood Center
405 Promenade St.
Providence, RI 02908

Laboratory Department

RHODE ISLAND BLOOD CENTER LABORATORY TEST REQUEST FORM

Laboratory Phone: 401-453-8374 Fax: 401-248-5769 Client Services Supervisor Phone: 401-248-5704		FDA US License # 1786 CLIA # 41D0670559	
Client Entries Section	Facility (or Donor) Name: HNL Lab Medicine		
	Facility Address:		
	Diagnosed w/ Multiple Myeloma? Y N Previous Transplant? Y N Recent Transfusion? Y N		
	Physician: _____ Authorized Requestor: _____		
	Date Collected: _____		Date Frozen (if applicable): _____
	Time Collected: _____		Time Frozen (if applicable): _____
	Time Centrifuged (if applicable): _____		Freezer Temp (if applicable): _____ °C
	List Donor ID Number (DIN) or Range here: _____ # Donor SETS submitted: _____		

Most Commonly Ordered Tests	Test Name	✓	Test Name	✓	Test Name	✓
	Routine Donor Screen: ABO/Rh; AbScr; HBsAg; Ab to: HBc; HCV; HIV-1/2; HTLV-I/II; Syphilis		NAT HBV/HCV/HIV-1 <i>Pooled</i> and NAT West Nile Virus <i>Pooled</i>		NAT HBV/HCV/HIV-1 <i>Singlet</i> and NAT West Nile Virus <i>Singlet</i>	X
	Babesia by NAT <i>Pooled</i>		NAT HBV/HCV/HIV-1 <i>Pooled</i>		NAT HBV/HCV/HIV-1 <i>Singlet</i>	
	Chagas (<i>T. cruzi</i>) Ab Screen	X	NAT West Nile Virus <i>Pooled</i>		NAT West Nile Virus <i>Singlet</i>	
	CMV Total Ab Screen	X			NAT Babesia <i>Singlet</i>	X

Individually Ordered Tests/Panels	ABO/Rh		Syphilis Ab Screen	X	Confirmatory Tests	
	Antibody Screen		Anti-HBs (Hepatitis B Surface Ab)		Chagas (<i>T. cruzi</i>) ESA	
	Hepatitis B core Antibody (HBc Ab)	X	Residual WBC (RWBC) QC Count		HBsAg Neutralization	
	Hepatitis B Surface Antigen (HBsAg)	X	BacT Platelet QC		Hepatitis C EIA	
	Hepatitis C Antibody (HCV)	X	Viral Markers Panel: HBsAg; HBc Ab; HCV Ab; HIV-1/2 Ab; HTLV-I/II Ab	HIV-1/2 Geenius Test		
	HIV-1/2 Antibody	X		HTLV-I/II Immunoblot		
	HTLV-I/II Antibody	X		Syphilis Confirmatory Testing		
	HLA Ab Screen (TRALI)		Other:			
	Sickle Cell Screen					

HBcore Reentry ☐ HCV Reentry ☐ HIV Reentry ☐ HTLV Reentry ☐ Chagas Reentry ☐

For RIBC Use Only	Date/Time Received: _____	If Partial Set of Tubes Sent, List DIN(s) and # Rec'd		
	Samples Acceptable? Yes ☐ *No ☐	<u>DIN</u>	<u># Serum Red Top Tubes</u>	<u># EDTA Purple/Pink Top Tubes</u>
	*Hemolyzed ☐ *Lipemic ☐ *QNS ☐			
	*Other ☐ Reason _____			
	Sample Condition at Receipt			
	Room Temp ☐ Other ☐ On Wet Ice ☐ Frozen/Dry Ice ☐ Receipt Tech Code: _____			