

DONOR SCREEN **REQUISITION**

Clinical Laboratory, Send Outs
300 Pasteur Drive, Rm. H1524
Stanford, California 94305
650-725-5632

Addressograph label may be used below

NOT FOR: United Network for Organ Sharing (UNOS) California Transplant Donor Network (CTDN)	
Sex:	DOB:
Collection Time:	
Collection Date:	
Phleb/Blood Collector (<i>Phleb # or initial</i>):	
Nurse Coordinator:	Ph#:

ICD-9 ▶ 1.)	2.)	3.)			
Specimen Requirements: Two Full 5ml Plain Red Top Tube Two Full 6ml Lavender Top Tube *Male - Urine (UA Cup)	Specimen Requirements: Two Full 5ml Plain Red Top Tube Two Full 6ml Lavender Top Tube *Female - Edocervical Swab in BD Protech collection Tube	Specimen Requirements: Two Full 5ml Plain Red Top Tube Two Full 6ml Lavender Top Tube			
Storage Requirements: Refrigerate 2° - 8°C	Storage Requirements: Refrigerate 2° - 8°C	Storage Requirements: Refrigerate 2° - 8°C			
FDA Required Tests for Donors:					
CODE	Male REI	CODE	Female REI	CODE	BMT & SCT - Set
11132R	Donor Hepatitis B Surface Ag	11132R	Donor Hepatitis B Surface Ag	11132R	Donor Hepatitis B Surface Ag
11133R	Donor Hepatitis B Core Ab	11133R	Donor Hepatitis B Core Ab	11133R	Donor Hepatitis B Core Ab
11134R	Donor Hepatitis C Ab	11134R	Donor Hepatitis C Ab	11134R	Donor Hepatitis C Ab
DHIVB	Donor HIV Ab 1&2	DHIVB	Donor HIV Ab 1&2	DHIVB	Donor HIV Ab 1&2
12858R	Donor HIV-1/HBV/HCV - NAT	12858R	Donor HIV-1/HBV/HCV - NAT	11136R	Donor HTLV 1 & 2
DRPRS	Donor Syphilis Screen	DRPRS	Donor Syphilis Screen	12858R	Donor HIV-1/HBV/HCV - NAT
12854R	Donor West Nile Virus - NAT	CLGC2	Donor Chlamydia/GC*	DRPRS	Donor Syphilis Screen
DCMVL	Donor CMV Total	12854R	Donor West Nile Virus	DCMVL	Donor CMV -Total
11136R	Donor HTLV 1 & 2			12854R	Donor West Nile Virus
CLGC2	Donor Chlamydia/GC*			12856R	Donor Chagas' Disease

For non-FDA testing: See Stanford Lab Guide Information

CODE	Additional Tests	CODE	Additional Tests	CODE	Additional Tests
BMT1	BMT Panel 1	HAVAG	Hepatitis A Ab	TOXGM	Toxoplasmosis IgG Ab and IgM Ab
CBCD	CBC with Diff	HSVIGG	Herpes Simplex 1 & 2	TOXIM	Toxoplasmosis IgM Ab
CMVQT	CMV PCR Quant	HIVPCR	HIV PCR	UA	Urinalysis with microscopic
CMVIGG	CMV IgG Ab	DOA	Drugs of Abuse Screen	VZVIGG	Varicella Zoster IgG Ab
CMVIGM	CMV IgM Ab	PREG	Pregnancy Screen, serum	EBVPAN	Epstein Barr Ab Panel
DCMVL	Donor CMV -Total	ARI	ABO Rh Type		Includes: EBNABY, VCAIGG
EBVQP	Epstein Barr PCR Quant	TNS	Type and Screen		VCAIGM, EAIGG
HCVPCR	HCV PCR Quant	TOXIG	Toxoplasmosis IgG Ab	CF32	Other: CF Testing (6 mL Lav. Top)
				NBCF	Other: CF Testing (6 mL Lav. Top)

Note: Contact Nurse Coordinator (above) for questions or problems regarding samples.

Physician name (<i>Print</i>):	Date & Time:	Phys. Address:
Physician Signature:		

"Medicare generally does not cover routine screening tests. Medicare will only pay for tests that meet the Medicare coverage criteria and are reasonable and necessary to treat or diagnose an individual patient."

revised 09/19/14 QM jd/emb/sm