

Stem Cell Transplant Infectious Testing Sheet

<input checked="" type="checkbox"/>	Test Name	Test Code	Tube	Amount Of Whole blood	Special Consideration
<input type="checkbox"/>	Epstein Barr Quantitative PCR, plasma	EBVQP	LAV	3 ml	Dedicated tube
<input type="checkbox"/>	CMV DNA Quantitative PCR	CMVQT	YEL	3 ml	Dedicated tube
<input type="checkbox"/>	HHV-6 Quantitative PCR, Plasma	HHV6QT	YEL	1 ml	Dedicated tube
			or		
			LAV		
<input type="checkbox"/>	Adenovirus Quantitative PCR, Plasma	ADVQT	YEL	2 ml	Dedicated tube
			or		
			LAV		
<input type="checkbox"/>	BK Viral DNA PCR Plasma, Quantitative	BKVPC	YEL	1 ml	Dedicated tube
			or		
			LAV		
<input type="checkbox"/>	BK Viral DNA PCR Urine, Quantitative	BKVPCU	Urine cup	0.5 – 2 ml	
<input type="checkbox"/>	Aspergillus Galactomannan Antigen	AGALA	GOLD	1 ml	

YEL = YELLOW Tube

The word plasma in the in the **Test Name** is referring to what the specimen is (plasma= Specimen is coming from blood) (or non-plasma = specimen is coming from another source (Tissue or Urine)

***** NOTE ***PER LAB the following PCR can be combined into PCR 1 Dedicated PCR tube**

<input type="checkbox"/>	CMV DNA Quantitative PCR	CMVQT	YEL	6.5 ml	Dedicated tube
<input type="checkbox"/>	HHV-6 Quantitative PCR, Plasma	HHV6QT			
<input type="checkbox"/>	Adenovirus Quantitative PCR, Plasma	ADVQT			
<input type="checkbox"/>	BK Viral DNA PCR Plasma, Quantitative	BKVPC			