

# Laboratory Testing Request Form

**Laboratory**

Blood Service-QLD  
 44 Musk Ave  
 Kelvin Grove QLD 4059  
 PH: (07) 3838 9489  
 FX: (07) 38389416

**Storage and Transport Guidelines**

Store samples at 2-8°C.  
 Pack Samples in a secure container and transport cool/refrigerated as per regulatory requirements.  
 Transport time should not exceed 48 hours

**Sample Labelling Requirements**

Patient samples MUST be clearly labelled with full name, date of collection and either date of birth or MRN.  
 Ensure samples and request forms display identical information



Insert Blood Service barcode label

**Specimen Details**

Client Sample Reference _____		Client Laboratory Number _____	
(UR Number)			
Surname _____		Given Name(s) _____	
DOB / /	Sex	<input type="checkbox"/> Male	<input type="checkbox"/> Female
Collection Date / /	Collected By _____	Collection Time (24hr) _____	
<input type="checkbox"/> Whole Blood	<input type="checkbox"/> Cord Blood	<input type="checkbox"/> Fresh	
<input type="checkbox"/> Plasma	<input type="checkbox"/> Cadaveric sample	<input type="checkbox"/> Frozen	
<input type="checkbox"/> Serum	<input type="checkbox"/> Other _____	<input type="checkbox"/> Thawed	

**Sample collected, labelled, stored and transported in compliance with Blood Service requirements (refer to agreement)**

Yes  No (Blood Service approval required)

STORAGE COMMENTS/NOTES \_\_\_\_\_

**Test(s) Required**

**Urgent**  Yes  No

<p><u>Infectious Diseases Screening</u></p> <p><input type="checkbox"/> Anti-HIV I/II</p> <p><input type="checkbox"/> Anti-HTLV I/II</p> <p><input type="checkbox"/> Anti-HCV</p> <p><input type="checkbox"/> HBsAg</p> <p><input type="checkbox"/> Anti-HBs</p> <p><input type="checkbox"/> Anti-HBc</p> <p><input type="checkbox"/> Anti-CMV</p> <p><input type="checkbox"/> BCS (Bacterial Contamination Screening)</p> <p><input type="checkbox"/> Syphilis</p> <p><input type="checkbox"/> Malaria</p>	<p><u>Red Cell Serology</u></p> <p><input type="checkbox"/> ABO</p> <p><input type="checkbox"/> Rh(D)</p> <p><u>Other – Please specify</u>                  _____</p>
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**Client Details**

<p>Client Name &amp; Address for Reports</p> <p>Name _____</p> <p>Address _____</p> <p>Phone _____</p> <p>Fax _____</p>	<p>Invoicing Address</p> <p>Name _____</p> <p>Address _____</p> <p>Phone _____</p> <p>Fax _____</p>
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**Additional Comments**

**LAB USE ONLY (Initial & Date)**

Sample received: \_\_\_\_\_ / /