

Laboratory Testing Request Form

Laboratory

Blood Service-Vic
 Cnr Kavangh & Balston St
 Southbank Vic 3006
 PH: (03) 9694 0266
 FX: (03) 9694 0345

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 & 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: _____ / /