



LABORATORY SERVICES REQUISITION

STAT / NON-STAT Infectious Disease Testing of Organ Donors

483 Bay Street, South Tower, 4th Floor Toronto, Ontario M5G2C9

TGLN Donor #: _____

DOB (dd/mm/yy): _____

Non - Ontario Donor

Testing Services Required (Check ALL Relevant Boxes):

- HbcAb (Total)
- HbsAg
- Anti - HCV
- Anti - HIV I / II
- Anti - HTLV I / II
- Anti - CMV
- Syphilis
- EBV
- Toxo

Specimen Status: Undiluted

Diluted

Collection: _____ Date: _____

Time: _____

- WNV PCR
- NAT Testing Required

Specimen Status: Undiluted

Diluted

WNV Seasonal (May1 - Oct 31)

Collection: _____ Date: _____

Other _____

Time: _____

LAB USE ONLY

Reporting of Results:

Entered into TGLN Database

Specimen ID # _____

Confirm Receipt of Results by PRC
(1-877-363-8456 / 1-888-603-1399 / 416-214-7808)

Date / Time Received: _____

Archival Specimen Management Services (Organ Donor)

Specimen for Archival Storage

Diluted

Undiluted

Date & Time of Collection: _____

FOR TGLN STAFF ONLY

Guidelines for Usage

- Inform PRC at TGLN (1-877-363-8456 / 1-888-603-1399 / 416-214-7808) when sample is en-route to lab.

Non-Ontario Donors

- Only tick relevant boxes.