

Laboratory Use Only

Requesting Clinician/Practitioner No. | CPSO/Registraion No.

Andrew Healey | 81085

Signature | Date



Check: (v) one:

OHIP/Insured Third Party/Uninsured

Additional Clinical Information:

Maternal serology is required for the safety of donated tissues for transplant. **Please phone Trillium Gift of Life Network** for any questions regarding instructions below.

TGLN# (donor): _____

Service Date: | YYYY | MM | DD |

Health Card Number: Version Sex Date of Birth

| | | | | | | | | | | | | M F | YYYY | MM | DD |

Patient's Surname, First Name

Patient's Address (Including Postal Code)

Laboratory Instruction:

10 mL - Red top tube (1 Tube provided)

10 mL – Lavender top tube (EDTA) (2 Tubes provided)

Please draw blood samples above, label the tubes as per your protocol and place tubes back inside the secured plastic bin. Place the pre-filled "Laboratory Services Requisition" inside the green package provided, and place new delivery label provided addressed to "Sick Kids Tissue Bank" on the outside of green package.

For Pick Up:

Please phone Trillium Gift of Life Network at 1-877-363-8456 when completed and a courier will pick up the green package and deliver it to Sick Kids Hospital Tissue Bank.

Laboratory Tech Name:

Date:

Time:

Laboratory Personnel Name – Provided courier with Green Bag:

Date:

Time: