



SASKATOON HEALTH REGION
Saskatoon, Saskatchewan

WARD/Location PTRAN for all Locations

Patient Name _____
(Male) (Female)

D.O.B. _____
(DD/MM/YYYY)

PHN _____

Chart # _____

Requesting Physician _____

DEPARTMENT OF LABORATORY MEDICINE

**REQUISITION FOR STAT/URGENT
DONOR TRANSPLANT WORKUP**

Transplant Coordinator to notify:

Virology technologist through RUH switchboard at 306-655-1000
Chemistry technologist at 306-655-2089

Transplant Coordinator **Name** and **Contact Number** _____

COLLECTION DATE/TIME: _____ Collected by: _____
(DD/MM/YYYY)

Select tests required

2 Tiger top tubes and **2 Gold top** tubes required for blood tests listed below

- STAT ORGAN DONOR (TSOD)
 - Hep B Ag, Hep B Ab, Hep B Core Ab, Hep C Ab, CMV Ig G, CMV IgM, HIV, HTLV
 - Tox IgG , Tox IgM, RPR
 - *EBV VCAG, EBV VCAM, EBNA
- * EBV testing performed next working day*

Lipase (LIP)

BK/JC Virus testing (BKPCR)

- Serum
- Urine

West Nile Virus testing (WNPCR)

- Stat
- Next working day

Select Location for Result Reporting

SHR

- SPH reports
(no PRN entry)
- RUH reports
T1L in PRN field

RQHR

- Regina Transplant Main Office
T1N in PRN field
- Regina General Hospital Transplant Satellite Office
T1T in PRN field
- Pasqua Hospital Transplant Satellite Office
T1U in PRN field