



NAME: _____

HSN: _____

D.O.B.: _____

RUH SCH SPH Other _____

**DEPARTMENT OF PATHOLOGY & LABORATORY MEDICINE
REQUISITION FOR STAT/URGENT DONOR WORKUP**

Ward/Location: _____ *PDON for all locations*

Male Female

Requesting physician: _____ SKSDO

Donation Coordinator to Notify: Virology technologist through RUH Switchboard at 306-655-1000
Chemistry technologist at 306-655-2089

Donation Coordinator **name** and **contact number**: _____

COLLECTION DATE/TIME: _____
(dd/mm/yyyy)

Collected by: _____

Select Test Required

4 Gold (Gel) and 1 Lavender (EDTA) tubes are required for the blood tests listed below.

STAT ORGAN DONOR (TSOD)

- Hep B Ag, Hep B Ab, Hep B Core AB, Hep C Ab, CMV IgG, CMV IgM, HIV, HTLV
- Tox IgG, Tox IgM, RPR
- *EBV VCAG, EBV VCAM, EBNA (*EBV testing performed next working day)

West Nile Virus (WNPCR)

- STAT

COVID-19 (COVID/GXCOV)

- Specimen type: 2 separate tracheal aspirates

- STAT
- Next working day

Select location for result reporting

fSHR:

Royal University Hospital reports (U1S in PRN field)

St. Paul's Hospital reports [If required, cite additional printer _____]

fRQHR:

Regina General Hospital Transplant Satellite Office (T1T in PRN field)

Pasqua Hospital Transplant Satellite Office (T1U in PRN field)