

Benefits of providing COMPLETE and LEGIBLE information:

- Reduces turn around time when processing patient samples
- Promotes patient safety through reduced transcription errors

Patient Identification MUST include:

- ✓ First and last name
- ✓ PHN or unique identifier
- ✓ Date of Birth



SASKATOON HEALTH REGION

Saskatoon, Saskatchewan

WARD/Location _____

Patient Name _____

(Male) (F)

D.O.B. _____

(DD/MM/YYYY)

PHN _____

Chart # _____

Requesting Physician _____

Failure to supply required information will lead to delays in service

DEPARTMENT _____

Collection/Patient Information sections MUST be FULLY completed

PHYSICIAN _____

REQUISITE DONOR WORKUP

TRANSPLANT WORKUP

Transplant Coordinator to notify

Virology technologist through RUH switchboard at 306-655-0000

Chemistry technologist at 306-655-2089

Print first and last name

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