```markdown
### Required Information

**Source ID**

(Customer Discreet/Unique Patient ID)

**Patient Last Name**

**Patient First Name**

**Date**

**Drawn**

**DOB**

**SSN (only)**

**Patient ID**

**Physician**

### Test(s) Requested:

- [ ] IDM Panel (Beg, MPX PCR, Anti-HIV-1,2+O, Syphilis TP, Anti-HTLV I/II – NO Reflex on Anti-Hbc, Anti-HCV, ABO Rh, CMV Total)
- [ ] Female HCT/P Panel (Beg, MPX PCR, Anti-HIV-1,2+O, Syphilis TP – NO Reflex on Anti-Hbc, Anti-HCV, Chlamydia, Gonorrhea)
- [ ] Male HCT/P Panel (Beg on HBsAg, MPX PCR, Anti-HIV-1,2+O, Syphilis TP – NO Reflex on Anti-Hbc, Anti-HCV, Anti-HTLV I/II, CMV Total, Chlamydia, Gonorrhea)

### Hepatitis B Virus

- [X] HBsAg – Reflex (Neutralization performed if reactive)
- [ ] HBsAg Neutralization
- [X] Anti-HBc Total

### Nucleic Acid Testing

- Testing Licensed for Donor Screening Only
  - [X] MPX PCR – Reflex (HIV/HCV/HBV) (Sent for PCR identification if reactive)
  - [ ] WNV PCR

### Hepatitis C Virus

- [X] Anti-HCV

### HIV Virus

- [X] Anti-HIV-1,2 plus O – Reflex (Wester Blot performed if reactive)
- [ ] Anti-HIV-2
- [ ] Anti-HIV-2 – Reflex (Sent for HIV-2 Immunoblot if reactive)
- [ ] HIV-1 Western Blot

### HTLV Virus

- [ ] Anti-HTLV I/II
- [X] Anti-HTLV I/II – Reflex (Sent for ChLIA HTLV if reactive)

### Serologic Test for Syphilis

- Testing Licensed for Donor Screening Only
  - [X] Syphilis TP – Reflex (Sent for TPA if reactive)
  - [ ] Syphilis RPR - Reflex (non-treponemal) (Sent for TPA if reactive)

### Miscellaneous

- [ ] T. Cruzi – Reflex (Chagas) (RIPA performed if reactive)
- [ ] ABO Rh
- [ ] Red Cell Antibody Screen

### Cytomegalovirus

- [X] CMV Total
- [ ] CMV Total – IgM Reflex (Sent for CMV IgM if reactive)
- [ ] CMV Total – IgM/IgG Reflex (Sent for CMV IgM and IgG if reactive)

The following tests require special collection vessels.

- Chlamydia/ Gonorrhea

Urine: Must be filled between black lines. Swab: Send blue swab.

### Testing sent to an external reference laboratory

- [ ] HIV-2 Immunoblot
- [ ] ChLIA Anti-HTLV I/II
- [ ] HTLV Immunoblot
- [ ] Syphilis FTA

- [ ] T.cruzi RIPA
- [ ] Sick Cell Screen
- [ ] HLA Class I Antibody
- [ ] HLA Class II Antibody
- [ ] CMV IgM
- [ ] CMV IgG

### *Accession #/Patient ID:

**OC**

To be completed by person submitting:

1. # of Serum Tubes (Red)
2. # of Plasma Tubes (Purple)
   - # of Unknown Tube Type
   - # of Urine
   - # of Swab

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