

Test Request Form for Healthcare Services Customer

Affix Australian Red Cross Lifeblood Barcode label

IMPORTANTI Collect, label, process, store, pack and transport samples as per Australian Red Cross Lifeblood Protocols/Work Instructions. Australian Red Cross Lifeblood will not accept samples packed inappropriately, additionally samples deemed unsuitable will not be tested. **Standard turnaround time is 7 business days from date of receipt.** If results are required urgently, contact Australian Red Cross Lifeblood via email; <u>services@redcrossblood.org.au</u> or contact the receiving processing center directly to advise of urgency and the required result turnaround time prior to dispatch.

Sample Details (See Australi	ian Red Cross Lifeblood Protocol	s/Work Instructions for	or minimum ID require	nents)						
Given/First Name						late				
Surname/Last Name					(dd/mm/yyyy)					
Date of birth (dd/mm/yyyy)	yy)			X		Collection ti	me			
UR Number/ Sample ID		Barcode label	if applicable		(24 hrs)					
Gender	🗆 Male 🛛 Female	□ Other	Other			Collector's	name			
Number of freeze-thaw cycles						(Please print)				
Clinical/Additional Notes										
Sample type	Sample type						Blood			
Screening Test required (See Australian Red Cross Lifeblood Protocols/Work Instructions for detailed instruction)										
Storage guidelines for NAT testing Store samples 2-8°C. Do not freeze plasma in the original P Centrifuge within 72 hours of collectio		Storage guidelines for infectious disease screening and blood grouping Store samples 2-8°C up to 14 days for infectious disease screening tests; 5 days for ABO/Rh(D) grouping.								
Nucleic Acid Testing (NAT) Be	eating Heart Samples			Infectiou	ıs disease	screening a	nd blood gr	ouping		
□ NAT HIV-1/2, HCV, HBV					□ HIV-1/2 Ag and Ab □ H					
Samples must be received at Lifeblood within 24 hours of packing If unable to transport within 72 hours of collection centrifuge, aliquot and freeze at ≤ -20°C					□ HTLV I/II Ab □ HBsAb □ HCV Ab □ Malaria EIA					
Nucleic Acid Testing (NAT) No	on-Beating Heart / Cadaveric	Samples		□ HBsA	□ HBsAg					
□ Collected within 24hrs of dea	th if the cadaver was refrigera	ted between 1-10°C	C within 12hrs of dea	h	CMV Ab (IgG)					
 Collected within 24hrs of death if the cadaver was refrigerated between 1-10°C within 12hrs of death Collected within 15hrs of death if the cadaver was NOT refrigerated between 1-10°C 					Syphilis ABO/Rh(D) Grouping					
Samples must be received at Lifebloo If unable to transport within 72 hou		Samples must be received at Lifeblood within 24 hours of packing. If unable to transport within required times Aliquot and store frozen at ≤ -20°C.								
Processing details (If appli	cable)	Date (dd/mm/yyyy	Time	(24 hrs)	Nomo	Please print)				
Centrifuged by	Date (dd/mm/yyyy		(24113)	Name	Please print)					
Samples sub-aliquoted and froz										
		1								
Packing details (Must be con	Date (dd/mm/yyyy) Time	(24 hrs)	Name (Name (Please print)					
Packed by										
Client details for reports	(Must be completed)	ſ								
Name (Requesting Clinician / La										
Organisation Name										
Address										
Phone			Fax							
Email Address for Result Delivery via Secure Send										
Receiving site to	complete	Complete if sample sent to SPC								

	Receiving site to complete						Complete it sample sent to SPC				
-	Sample received			DATE / TIME / INITIAL				Sample received DATE / TIME / INITIAL			
	Sample packed and tr	ecifications INITIAL			INITIAL	Sample packed and transported	as per specifications	INITIAL			
	Sample centrifuged		DATE / TIME / INITIAL				Sample acceptable for testing INITIAL				
	Sample acceptable for testing			INITIAL				Receipted in SMT	INITIAL		
	Sample Registration	SMT	INITIAL	AMS	INITIAL	Softmol (RCR)	INITIAL	Report issued to client	DATE / TIME / INITIAL		
	Report issued to client	DATE / TIME / INITIAL				Comments					
	Sample packed to send to SPC (if applicable)			DATE / TIME / INITIAL							