SOUTH AUSTRALIAN TRANSPLANTATION AND IMMUNOGENETICS

Australian Red Cross Lifeblood

Enquiries / Sample Bookings
8:00am to 5:00pm
+ 61 8 8417 3000 (phone)
+ 61 8 8417 3097 (fax)
tissuetypingsa@redcrossblood.org.au (email)

Sample Delivery
Women's and Children's Hospital
Core Laboratory, Level 4, Rieger Building
72 King William Road, North Adelaide SA 5006

ASHI accreditation: 07-9-AU-03-1
NATA accreditation: 18808

www.transfusion.com.au/transplantation_services (website)

SATIS Laboratory Request Form

Urgent results: Please contact the laboratory directly on the above phone number or email address.

SURNAME (please print)

GIVEN NAMES | DOB | SEX

ADDRESS

TELEPHONE | UR No.

Name of Collector, Date & Time

SATIS Specimen No. Date and Time
(for lab use only)

TRANSPLANT CENTRE (if applicable)

REQUESTING DOCTOR | PROVIDER No.

SURNAME AND INITIALS

ADDRESS | TELEPHONE

DOCTOR'S SIGNATURE | DATE

REPORTS TO BE SENT TO

NAME

ADDRESS

TELEPHONE | EMAIL

COPY TO

NAME

ADDRESS

TELEPHONE | EMAIL

CLINICAL NOTES ☐ SD

Provisional diagnosis

Reason for request/type of transplant

TEST/S REQUESTED

Please complete recipient details below if specimen above is from a potential donor:

Patient name

Patient DOB

Relationship of donor to patient

ACCOUNT TO BE SENT TO (please tick): ☐ N/A ☐ Patient ☐ Inter hospital ☐ Private path