

Date of Request _____ Visit Number: _____

Chart #: _____ Location: _____

Name Last: _____ First: _____

Date of Birth _____



Ordering Provider: _____

Attending Provider: _____

SPECIMEN	TIME:	DATE:
COLLECTED BY:		

Please send a separate specimen and requisition for each requesting facility.

Pre-Organ Transplant Screening Sample

- Bassett Healthcare Network Dialysis Unit – Bassett Medical Center
- Bassett Healthcare Network Dialysis Unit – Little Falls
- Bassett Healthcare Network Dialysis Unit – OSS

Destination Transplant Center:

If there is a contact person in the receiving transplant center, please enter that name here: _____

Place facility address here

Lab use only:

Accession Number: _____

Date sent to transplant facility (UPS): _____

Initials: _____

Received by: _____

REQUISITIONS Lab