

**LABORATORY REQUISITION**

 384 WEST ORANGE SHOW ROAD  
 SAN BERNARDINO, CA • 92408 • 909.885.6503

Frederick B. Axelrod, MD, MBA President / CEO AND Medical Director

 Blood Bank of San Bernardino and Riverside  
 Counties: DBA LifeStream

Date of Request:		Name:			
Comments:		ID Number:			
		Date of Birth:		Sex: <input type="checkbox"/> M <input type="checkbox"/> F	
Draw Date: Time: Initials:		Sample Number:		Sample Type: # Submitted <input type="checkbox"/> K2E (purple top) _____ <input type="checkbox"/> Serum (red top) _____ <input type="checkbox"/> K2E (pink top) _____	
Authorizing M.D.: Frederick B. Axelrod, M.D. <input type="checkbox"/> Other					
<b>SUBMITTING FACILITY (√) :</b>			<b>REPORT RESULTS TO (√) :</b>		
<input type="checkbox"/> HDDC <input type="checkbox"/> ODC <input type="checkbox"/> RDC <input type="checkbox"/> SBDC <input type="checkbox"/> LQDC <input type="checkbox"/> PDC <input type="checkbox"/> MDC <input type="checkbox"/> RADC <input type="checkbox"/> MVDC <input type="checkbox"/> PLDC <input type="checkbox"/> Apheresis		<input type="checkbox"/> Medical Surveillance <input type="checkbox"/> Human Resources  <input type="checkbox"/> OTHER Address: _____ _____		<input type="checkbox"/> HDDC <input type="checkbox"/> ODC <input type="checkbox"/> RDC <input type="checkbox"/> SBDC <input type="checkbox"/> LQDC <input type="checkbox"/> PDC <input type="checkbox"/> MDC <input type="checkbox"/> RADC <input type="checkbox"/> MVDC <input type="checkbox"/> PLDC <input type="checkbox"/> Apheresis	
<b>Testing Requested</b>					
<input type="checkbox"/> Complete Donor Panel (ABO/Rh, antibody screen, Syphilis, viral markers)		<b>Laboratory Testing</b>		Result	
		<input type="checkbox"/> CMV		Date	
<input type="checkbox"/> Donor Panel – Pre-Screen Granulocyte		<input type="checkbox"/> DAT		Initials	
<input type="checkbox"/> Offsite Testing Panel (External Customers Only)		<input type="checkbox"/> Cold Agglutinin			
<input type="checkbox"/> Pre-Platelet Count <b>DO NOT REFRIGERATE</b>		<input type="checkbox"/> Other:			
<input type="checkbox"/> CBC (Complete Blood Count) <b>DO NOT REFRIGERATE</b>					
<input type="checkbox"/> Anti-HBs (Employee Post-vaccination)					
<b>Received</b>		<b>Comments:</b>			
Date					
Time					
Initial					

Time Date Stamp