WMC Health | Westchester Medical Center
Westchester Medical Center Health Network

BG0002

REQUEST FOR BLOOD BANK LABORATORY TESTS

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Specimen will NOT be acceptable unless information requested below is completed.
Collect One Pink or Purple Top (EDTA) Tube. Cord Blood Study may be sent in Red Top Tube with NO additive.

- ☐ Type and Screen
- ☐ ABO/Rh Verification
- ☐ DAT (Direct Antiglobulin Test)
- ☐ Suspected Transfusion Reaction Workup
- ☐ Cord Blood Study (Valhalla Only)
- ☐ Fetal Screen (**Valhalla Only**)
- ☐ Antibody Titer (**Valhalla Only**):: _____ (Please Specify the antibody)
- ☐ Other (Please Specify): _____

REQUESTED BY: (MUST BE COMPLETE D BY PHYSICIAN/NP/PA IF TEST(S) NOT REQUESTED ELECTRONICALLY)

REQUESTING PROVIDER'S NAME: _____

SIGNATURE: _____ **DATE:** _____

PATIENT NAME: _____ / _____ / _____
LAST FIRST MIDDLE

MR #: _____ **DATE OF BIRTH:** _____

AGE:: _____ **SEX:** _____

FIN/ BILLING #: _____

LOCATION: _____ **TELEPHONE #:** _____

DIAGNOSIS:

I HAVE TAKEN A BLOOD SPECIMEN FROM ABOVE NAMED PATIENT AND HAVE VERIFIED PATIENT IDENTIFICATION

COLLECTOR'S NAME: _____

COLLECTION DATE: _____ **COLLECTION TIME:** _____

I HAVE INDEPENDENTLY VERIFIED PATIENT IDENTIFICATION

VERIFIER'S NAME: _____

SPECIMEN TUBE WITHOUT COMPLETE AND CORRECT PATIENT IDENTIFIERS, COLLECTOR'S ID AND DATE & TIME OF COLLECTION WILL BE REJECTED