



Viracor

Account Number 7971

Account Name: Ohio State Wexner Medical

Contact Name:

Phone No.:

Address: 410 W 10th

City: Columbus

State: OH

Zip Code: 43210

Test Request Form

Account and Specimen Information

All account and specimen fields are required with each requisition. By submitting this order, you are certifying that this patient or his/her legally authorized representative has provided informed consent for testing and that this consent has been documented in accordance with applicable laws.

Labs@Home

REQUIRED PATIENT INFORMATION

Patient Last Name:		Patient First Name:		Patient Middle Initial:
Patient MRN:		Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female		
DOB: ____ / ____ / ____		Race:	Ethnicity:	
Patient Address 1:		Patient Address 2:		
Patient Zip Code:	Patient City:		Patient State:	
Patient Phone:		Patient Email:		

SPECIMEN COLLECTION INFORMATION

Date Collected: ____ / ____ / ____		Time Collected: ____ : ____ <input type="checkbox"/> AM <input type="checkbox"/> PM		
Ordering Physician Last Name:		Ordering Physician First Name:		NPI#
Client Accession ID:	Viracor Internal Use Only			

Viracor Eurofins

1001 Technology Dr., Lee's Summit, MO, 64086 | Phone: 800.305.5198 | Fax: 816.347.0143

TEST REQUESTED

Comprehensive Metabolic Panel

Test Code: 32007

Basic Metabolic Panel

Test Code: 32004

Complete Blood Count (CBC) with Differential

Test Code: 32005

Complete Urinalysis

Test Code: 32006

HSCT/BMT Profile

Test Code: PFL8008 - Includes the following tests: Adeno plasma, CMV plasma, EBV plasma, HHV6 plasma, Tacrolimus

Solid Organ Transplantation Profile

Test Code: PFL8009 - Includes the following tests: BKV plasma, CMV plasma, EBV plasma and Tacrolimus TRAC

CMV TCell Immunity Panel

Test Code: 30360

TDM

Please specify: _____

TRAC Kidney dd-cfDNA

Test Code: 30876

TRAC Heart dd-cfDNA

Test Code: 30877

TRAC Lung dd-cfDNA

Test Code: 30878

If needing TruGraf testing, please check the box.

† New York Approved

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