

Member of the American Association for Laboratory Accreditation (A2LA) 5 Nii Kwei Okang Mensah Street, Nmai Dzorn, Accra. +233 (0) 599-009-977 | +233 (0) 59-900-9989 | +233 (0) 30-252-3917 www.revnabio.com | info@revnabio.com

PLEASE FILL UP THIS FORM CORRECTLY/COMPLETELY/LEGIBLY

LABORATORY R	EQUEST FORM
Walk -in Home Service	Referral Corporate Client
PATIENT DETAILS	SPECIMEN & REQUEST PREPARATION
Name of Patient:	Requesting/Referring Physician:
Date of Birth (dd/mm/yyyy):	Specimen Collected By:
Gender: 🗌 Male 🔄 Female	Date of Collection (dd/mm/yyyy):
Contact Number:	Time of Collection:
Email Address:	Clinical Information/Summary:
Patient's Address:	
Referring Clinic/Hospital:	
SPECIAL REQUESTS	BILL TO
STAT	Doctor Laboratory
Send Results Via Email/WhatsApp.	Hospital Patient

SPECIAL SPECIMEN PICK-UP:

- If you have a specimen to be picked up by our local courier, please call +233 (0) 59-900-9977 no later than 2 hours prior to the closing of our facility.
 If you have a specimen pick-up outside Accra, please call our Business Development Lead on +233 (0) 59-802-3331
- or Customer Service at +233 (0) 59-900-9977 no later than 3 hours prior to the closing of our facility.

NOTE: Working Hours are Monday - Friday (8:00 am – 8:00 pm)

PLEASE CHECK PANELS/INDIVIDUAL TESTS REQUESTED

Infectious Diseases			
Blood Borne Infections	Obs/Gynae	Respiratory Infections	Transplant and Immunocompromised
HBV (VIRAL LOAD) HCV (VIRAL LOAD) HIV-1 (QUALITATIVE) HIV-1 (VIRAL LOAD)	CT/NG GBS HPV	☐QuantiFERON TB ☐SARS-CoV-2	□ BKV □ HSV 1/2 □ CMV □ EBV

Respiratory Pathogens Panel (Syndromic Testing) 🗆		
Bacterial Agents	Viral Agents	
Chlamydophila pneumoniae H. influenzae Legionella ssp. (L. pneumophila, L. anisa, L. longbeachae, L. bozemanae, L. dumoffii, L. feelei, L. micdadei Mycoplasma pneumoniae Staphylococcus aureus Streptococcus pneumoniae	Coronavirus (HCoV OC43, 229E, NL63, HKU1) Human parainfluenza viruses 1,2,3 (HIPV 1-2-3) Influenza A/B Respiratory syncytial virus A-B SARS-CoV- 2	

Biochemistry				
Kidney Function Test	Lipid Profile 🗌	Liver Function Test	Other Kidney Parameters	
Cl Urea Creatinine K Na	Cholesterol HDL-C LDL-C Triglyceride	ALP Albumin ALT Direct Bilirubin AST Total Bilirubin GGT Total Protein	 Microalbumin Urinary Total Protein 	

Others			
Disease Monitoring		Haematology	
AFP CD4 Count FBS	☐ HbA1c ☐ Hepatitis B Profile	Clotting Profile ESR FBC	

Specimen Code

🗖 Purple – EDTA	Red - Urine Container	Pink – BD SurePath/Preservcyt
🗌 Yellow – SST	🔲 White – Swab	🗌 Black – QuantiFERON Tube (Special)
Blue - Sodium Citrate	🔲 Grey – Sodium Flouride	

General Considerations

- Blood samples should be at least 5ml and must be drawn into the appropriate tube.
- Cervical swabs should be preserved in SurePath or PreservCyt.
- Urine samples must be collected in sterile containers. Clean catch or midstream urine is preferred.
- Blood derivatives such as serum or plasma MUST be at least 2ml and transported on ice.

Specimen Packaging & Transportation

- Label every vial with a minimum of 2 patient identifiers including the patient's name and date of birth.
- Be sure the name on the vial is written the same way as on the test requisition form.
- Place the collection tube into the transparent biohazard bag. You can fit up to five (5) collection tubes in the bag.
- Place a completed test requisition form for each collection tube in the front pocket of the biohazard bag.
- Place the biohazard bag into the biotransport box and send.
- Ensure samples are well packaged with the necessary details before transportation.

Abbreviations

- AFP Alpha-fetoprotein
- ALP Alkaline Phosphatase
- ALT Alanine Aminotransferase
- AST Aspartate Aminotransferase
- BKV BK Virus
- CMV Cytomegalovirus
- CT/NG Chlamydia Trachomatis/ Neisseria Gonorrhea
- EBV Epstein Barr Virus
- GBS Group B streptococcus
- GGT Gamma-Glutamyl Transferase
- HPV Human Papillomavirus
- HSV 1/2 Herpes Simplex Virus 1/2

FOR REVNA BIOSCIENCES OFFICE USE ONLY

COURIER					
Courier's Name:					
Pick Up Time at Client's:					
LABORATORY					
Cervical Swab	Serum (Fresh)	Others (Please Specify):	Time Received:		
	Serum (Frozen)		Received By:		
	Whole Blood		Specimen Conditions:		
🗌 Plasma (Frozen)					
	CLIENT SERVICE				
Encoded By:	Encoded By:				
Master Log By:					
Note:	Laboratory	Remarks:	Courier Remarks:		
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