**Patient Screening - Lab Requisition**

**SPECIMEN INFORMATION:**
- Date collected: / / 
- Time collected: am / pm
- ICD10 Code: Z01.89

**REQUIRED TESTING**

**SPECIMEN REQUIREMENTS (if sending to SCH Lab)**

- **Hepatitis B Surface Antigen**
  - Normal Volume: 2 mL in a gold / SST tube
  - Minimum Volume: 1 mL

- **Hepatitis C Antibody**
  - Normal Volume: 2 mL in a gold / SST tube
  - Minimum Volume: 0.5 mL

- **HIV Antigen & Antibody**
  - Normal Volume: 3 mL in a lavendar / EDTA tube
  - Minimum Volume: 3 mL

- **Hepatitis C Quant. by PCR**
  - Normal Volume: 4 mL in a lavendar / EDTA tube
  - Minimum Volume: 2 mL

**CHECK WITH THE PERFORMING LABORATORY FOR SPECIMEN REQUIREMENTS & SPECIAL PROCESSING INSTRUCTIONS**

* FOR BILLING OR COLLECTION QUESTIONS, CONTACT SEATTLE CHILDREN'S LABORATORY CLIENT SERVICES DEPARTMENT @ (206) 987-2617 *