

Requesting Facility:	Requested by:
Send Results to (email address):	

Sample ID	Sample Collection Date & Time	Sample Type	COVID-19 Antibody Test	Sample Aliquot/Freeze Date & Time	HLA Antibody Testing Requested?
		<input type="checkbox"/> Plasma <input type="checkbox"/> Serum	<input type="checkbox"/> Total <input type="checkbox"/> IgG		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Plasma <input type="checkbox"/> Serum	<input type="checkbox"/> Total <input type="checkbox"/> IgG		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Plasma <input type="checkbox"/> Serum	<input type="checkbox"/> Total <input type="checkbox"/> IgG		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Plasma <input type="checkbox"/> Serum	<input type="checkbox"/> Total <input type="checkbox"/> IgG		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Plasma <input type="checkbox"/> Serum	<input type="checkbox"/> Total <input type="checkbox"/> IgG		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Plasma <input type="checkbox"/> Serum	<input type="checkbox"/> Total <input type="checkbox"/> IgG		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Plasma <input type="checkbox"/> Serum	<input type="checkbox"/> Total <input type="checkbox"/> IgG		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Plasma <input type="checkbox"/> Serum	<input type="checkbox"/> Total <input type="checkbox"/> IgG		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Plasma <input type="checkbox"/> Serum	<input type="checkbox"/> Total <input type="checkbox"/> IgG		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Plasma <input type="checkbox"/> Serum	<input type="checkbox"/> Total <input type="checkbox"/> IgG		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Plasma <input type="checkbox"/> Serum	<input type="checkbox"/> Total <input type="checkbox"/> IgG		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Plasma <input type="checkbox"/> Serum	<input type="checkbox"/> Total <input type="checkbox"/> IgG		<input type="checkbox"/> Yes <input type="checkbox"/> No

Specimen Requirements
<p>Total: 2 EDTA tubes, liquid (6 mL preferred) IgG: 2 red-top or serum separator tubes</p> <ul style="list-style-type: none"> Samples may be stored for up to 24 hours at room temperature (up to 30°C), 7 days at 2 to 8°C, or frozen at ≤ -20°C indefinitely. Optimally, samples should arrive at the testing laboratory within 72 hours of collection. Refrigerated liquid samples are strongly preferred. If frozen samples are sent, samples must be aliquoted. Frozen samples must be stored at ≤ -20°C (≤ -4°F) and may be subjected to only 1 freeze-thaw cycle. <p>HLA: Plasma or serum samples are acceptable.</p> <ul style="list-style-type: none"> Samples may be kept at room temperature up to 4 days. Separated serum (from clotted samples) or plasma (in ACD or K-EDTA) may be refrigerated up to 7 days, or aliquots may be frozen at -20 to -80°C for up to 3 years.
Specimen Transport
<ul style="list-style-type: none"> Ship refrigerated samples at 2 to 8°C. Ship frozen samples on dry ice. Please include a packing list that includes testing requested. Ship to: Attn: IRL 4039 Newberry Road Gainesville, Florida 32607

Please fax request form to 1-888-286-0179 and place a copy of the request form into to the box with the samples.

LifeSouth Laboratory Use Only:

Samples Acceptable Upon Receipt? <input type="checkbox"/> Yes <input type="checkbox"/> No	Received by:	Date Received:
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