



UNIVERSITY OF CALIFORNIA, IRVINE



INSTITUTE FOR CLINICAL AND TRANSLATIONAL RESEARCH (ICTS)

NORMAL BLOOD DRAWING SERVICE REQUEST

UCI Medical Center
Building 25, 2nd Floor, ZOT 4094-03

Phone: (714) 456-2307
Fax: (714) 456-2321

This completed request MUST be submitted, either by fax or in person, to the UCI ICTS at the UCI Medical Center three (3) business days before the blood is needed. Cancellations of previously requested blood must be done at least ONE FULL BUSINESS DAY before the appointment occurs.

Form box containing fields for Principal Investigator, Contact Name, Today's Date, Number of Donors, Shipment (Pick-up/Delivery), SPID Number, Telephone Number, Date to be Collected, and Volume of Each Sample. Includes a checkbox for STANDING/REOCCURRING ORDER.

Donor Characteristics (check all that apply if necessary)

- Checkboxes for Age (Minimum/maximum), Gender (Female/Male), Ethnicity (Hispanic/Latino/Non-Hispanic/Non-Latino), Use of Previous Donor(s) (Donor ID number(s)), Race (American Indian/Alaska Native, Asian, Black/African American, Native Hawaiian/Other Pacific Islander, White, Other), and Will medications be a factor? (No/Yes (specify)).

Specimen Holding/Shipping Temperature (check applicable temperature)

- Checkboxes for Ambient and Refrigerated (shipped on ice packs)

Collection Method - Vacutainer®

- Checkboxes for Green-Top Tube (Na Heparin) 10 ml, Lavender-Top Tube (K2 EDTA) 10 ml, Lavender-Top Tube (K2 EDTA) 4 ml, Light Blue-Top Tube (Sodium Citrate) 2.7 ml, Red-Top Tube (no adds) 10 ml, Red-Top Tube (no adds) 6 ml, Serum Separator Tube (Gold-Top Tube) 5 ml, and Light green-Top Tube (Lithium Heparin) 4.5 ml

Collection Method - Blood Collection Bag

- Checkbox for Blood donor collection bag with citrate phosphate dextrose (CPD)

Special Instructions:

Four horizontal lines for entering special instructions.