NORMAL BLOOD DRAWING SERVICE REQUEST

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

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. **Cash must be available in lab account to pay donors prior to scheduling.**

<table>
<thead>
<tr>
<th>ALL ITEMS IN THIS BOX MUST BE COMPLETED</th>
<th>STANDING/REOCCURRING ORDER</th>
</tr>
</thead>
<tbody>
<tr>
<td>Principal Investigator:</td>
<td>SPID Number:</td>
</tr>
<tr>
<td>Contact Name:</td>
<td>Telephone Number:</td>
</tr>
<tr>
<td>Today's Date:</td>
<td>Date to be Collected:</td>
</tr>
<tr>
<td>Number of Donors:</td>
<td>Volume of Each Sample:</td>
</tr>
<tr>
<td>Pickup:</td>
<td></td>
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<tr>
<td>Hewitt Hall</td>
<td></td>
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<td>UCIMC</td>
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</tbody>
</table>

**Donor Characteristics (check all that apply if necessary)**

- Age
  - Minimum _____
  - Maximum _____

- Use of Previous Donor(s)
  - Donor ID number(s): _____

- Gender
  - Female
  - Male

- Ethnicity
  - Hispanic/Latino
  - Non-Hispanic/Non-Latino

- Race
  - American Indian/Alaska Native
  - Asian
  - Black / African American

- Native Hawaiian/Other Pacific Islander
- White
- Other: _____

Will medications be a factor?

- No
- Yes (specify): _____

**Specimen Holding/Shipping Temperature (check applicable temperature)**

- Ambient
- Refrigerated (shipped on ice packs)

**Collection Method - Vacutainer®**

- 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
- Light green-Top Tube (Lithium Heparin) 4.5 ml

**Collection Method - Blood Collection Bag**

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

**Special Instructions:**

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