



<p><b>REQUESTING PHYSICIAN INFORMATION:</b></p> <p><b>NAME:</b> _____</p> <p><b>ADDRESS:</b> _____</p> <p><b>PHONE:</b> (204) _____</p> <p><b>FAX:</b> (204) _____</p>	<p><b>PATIENT DEMOGRAPHICS:</b> (PLEASE FILL IN OR USE ADDRESSOGRAPH):</p> <p><b>NAME:</b> _____</p> <p><b>DOB:</b> _____</p> <p><b>PHIN/MHSC:</b> _____</p> <p><b>GENDER:</b> _____</p> <p><b>ADDRESS:</b> _____</p> <p><b>PHONE (DAY):</b> _____</p> <p><b>PHONE (EVENING):</b> _____</p>
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**PATIENT CLINICAL HISTORY** (ATTACH DOCUMENTS AS REQUIRED):

CURRENT CLINICAL: \_\_\_\_\_

THROMBOSIS/ BLEEDING: \_\_\_\_\_

FAMILY: \_\_\_\_\_

AUTOIMMUNE DISORDERS: \_\_\_\_\_

MEDICATIONS: \_\_\_\_\_

**REQUESTED TESTS:**

BLEEDING DISORDER INVESTIGATION: \_\_\_\_\_

HYPERCOAGULABILITY STUDIES: \_\_\_\_\_

OTHER: \_\_\_\_\_

**HEMATOPATHOLOGIST INSTRUCTIONS:**     PROCEED WITH TESTING AS SPECIFIED BELOW                       CANCELLED

**COMMENTS/DIRECTION:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

_____	_____	_____
HEMATOPATHOLOGIST NAME (PLEASE PRINT)	SIGNATURE	DATE

**TO BE COMPLETED BY HSC:**

FAXED TO PHYSICIAN:	DATE: _____ TIME: _____	TECH: _____
FAXED TO RURAL SITE:	DATE: _____ TIME: _____	TECH: _____
SPECIMEN RECEIVED IN LAB:	DATE: _____ TIME: _____	TECH: _____

**TO BE COMPLETED BY REQUESTING SITE:**

PHLEBOTOMY APPOINTMENT BOOKED FOR:      DATE: \_\_\_\_\_ TIME: \_\_\_\_\_      TECH: \_\_\_\_\_

**INSTRUCTIONS:**

**POLICY:** HAEMOSTASIS TESTING MUST BE REQUESTED THROUGH A DSM HEMATOPATHOLOGIST (OR INITIATED BY CLINICAL HEMATOLOGIST CONSULT) TO ENSURE APPROPRIATE SERVICE.

**PROCEDURE:**

- THE REQUESTING PHYSICIAN MUST COMPLETE THIS REQUISITION FULLY WITH ALL REQUESTED INFORMATION (INCLUDING ALL PATIENT AND PHYSICIAN INFORMATION AND CONTACT NUMBERS). INCOMPLETE REQUISITIONS WILL NOT BE ACCEPTED.
- ONCE COMPLETED, THE REQUISITION IS FAXED TO HSC HEMATOPATHOLOGY 204-787-4030, **ATTENTION: HEMATOPATHOLOGIST ON-CALL FOR HAEMOSTASIS**
- THE HEMATOPATHOLOGIST ON CALL WILL CONTACT THE REQUESTING PHYSICIAN, FAXING BACK THE FORM WITH THE STATUS OF THE REQUEST, TO THE PHYSICIAN.
- A COPY OF THE COMPLETED REQUISITION WILL BE FAXED TO THE REQUESTING SITE.
- THE REQUESTING SITE WILL CONTACT THE PATIENT TO BOOK PHLEBOTOMY APPOINTMENT.
- AN INTERPRETIVE REPORT WILL BE SENT TO THE REQUESTING PHYSICIAN.

**F O R L A B U S E O N L Y**

**IMPORTANT**