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| <b>Requesting Physician Information:</b><br><b>Name:</b> _____<br><b>Address:</b> _____<br>_____<br><b>Phone: (204)</b> _____<br><b>FAX: (204)</b> _____ | <b>Patient Demographics: (please fill in or use addressograph):</b><br><b>Name:</b> _____<br><b>DOB:</b> _____<br><b>PHIN/MHSC:</b> _____<br><b>Gender:</b> _____<br><b>Address:</b> _____<br><b>Phone (day):</b> _____<br><b>Phone (evening):</b> _____ |
|--|--|

**PATIENT CLINICAL HISTORY (attach documents as required):**  
 Current Clinical: \_\_\_\_\_  
 Thrombosis/Bleeding: \_\_\_\_\_  
 Family: \_\_\_\_\_  
 Autoimmune Disorders: \_\_\_\_\_  
 Medications: \_\_\_\_\_

**REQUESTED PHLEBOTOMY SITE:**  WL  HSC  Other \_\_\_\_\_ **FAX #** \_\_\_\_\_

**REQUESTED TESTS:**  
 BLEEDING DISORDER INVESTIGATION: \_\_\_\_\_  
 HYPERCOAGULABILITY STUDIES: \_\_\_\_\_  
 OTHER: \_\_\_\_\_

**FOR  
LAB  
USE  
ONLY**

**Hematopathologist Instructions:**  Proceed with testing as specified below  Cancelled

**Comments/Direction:** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

|  |                  |             |
|--|------------------|-------------|
| <b>Hematopathologist Name (please print)</b> | <b>Signature</b> | <b>Date</b> |
|--|------------------|-------------|

**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: _____ |
|------------------------------------|-------------|-------------|-------------|

**IMPORTANT**

**INSTRUCTIONS:**  
**Policy:** Haemostasis testing must be requested through a Shared Health Hematopathologist (or initiated by Clinical Hematologist consult) to ensure appropriate service.  
**Procedure:**

- The requesting physician must complete this consult form fully with all requested information (including all patient and physician information and contact numbers). Incomplete forms will not be accepted.
- Once completed, the form is faxed to HSC Hematopathology 204-787-4030, **ATTENTION: Hematopathologist on service or on-call for Haemostasis**
- The HSC Hematopathology Office will contact the requesting physician, faxing back the form with the status of the request, to the physician.
- A copy of the consult form with the HP instructions for testing and Haemostasis Requisition (R250-10-12) will be faxed to Phlebotomy site by the Ordering Physician.
- The Phlebotomy site will contact the patient to book phlebotomy appointment.
- An interpretive report will be sent to the requesting physician once testing is complete.