

HAEMOSTASIS TEST REQUISITION

Hematology Consult Required



*Acceptance Policy 10-50-03 - Requirements for Test Requisitions 2.1 - Fields marked with an * are mandatory and must be clearly legible.
Failure to comply may result in specimen rejection.*

ORDERING PROVIDER INFORMATION		PATIENT INFORMATION	
* Last & Full First Name:	Billing Code:	*Last/First Name: (per MB. Health Card)	
* Ordering Facility:	Inpatient Location:	* Date of Birth (dd/mm/yyyy)	
Address:		*Sex: Female Male	
Critical Results Phone Number:	Fax No.:	*PHIN: Specify if other Province or DND	
Physician Signature:	Phone No.:	MRN:	
COPY REPORT TO: (if needed info missing, report may not be sent)			
Last & Full First Name:	Fax No.:	Encounter Number:	
Facility Name/Address:		Patient Phone No.:	
Last & Full First Name:	Fax No.:	Patient Address:	
Facility Name/Address:		Demographics verified with: <input type="checkbox"/> Prov. Health Card <input type="checkbox"/> Armband <input type="checkbox"/> eChart/CR	
COLLECTION INFORMATION (fields marked with † required by person collecting sample)			
† Collector:	† Collection Date:	† Collected via: <input type="checkbox"/> Venipuncture	
† Collection Facility/Lab:	† Time:	<input type="checkbox"/> Capillary <input type="checkbox"/> Indwelling Line <input type="checkbox"/> Above shut off IV	
# Serum vial(s) _____	# Plasma vials(p) _____	Referring lab: Number of tubes sent _____	Samples shipped frozen <input type="checkbox"/>
MEDICATIONS: <input type="checkbox"/> BLEEDING PROFILE with PLATELET STUDIES (CBW) <i>** Haemostasis Lab collection only</i> <ul style="list-style-type: none"> ▪ Closure Times ▪ Platelet Function-Platelet Aggregation, ATP Release, Electron Microscopy ▪ von Willebrand studies - VW Antigen, VW Ristocetin Cofactor ▪ Coagulation Assessment - PT, INR, PTT, Fibrinogen ▪ Factor Studies 		PATIENT HISTORY: PROVISIONAL DIAGNOSIS: <input type="checkbox"/> HYPERCOAGULABILITY PROFILE (HYPE) <i>** Collection: 8 x 1.8 mL blue top tubes</i> <ul style="list-style-type: none"> ▪ Coagulation Assessment - PT, INR, PTT, Fibrinogen, Factor Studies ▪ Lupus Inhibitor Studies ▪ Thrombin Time ▪ Antithrombin ▪ Plasminogen ▪ Protein C Antigen and Activity ▪ Activated Protein C Resistance ▪ Free Protein S Antigen 	
<input type="checkbox"/> PLATELET FUNCTION PROFILE (PAGG) <i>** Haemostasis Lab collection only</i> <ul style="list-style-type: none"> ▪ Closure Times ▪ Platelet Aggregations ▪ ATP release, Electron Microscopy 		<input type="checkbox"/> FACTOR V LEIDEN AND PROTHROMBIN VARIANT (MOL) (Molecular Hematology Lab) <i>** Collection: 1 lavender top tube</i>	
<input type="checkbox"/> BLEEDING PROFILE without PLATELET STUDIES (DHWU) <i>** Collection: 8 x 1.8 mL blue top tubes, 1 lavender top tube</i> <ul style="list-style-type: none"> ▪ Closure Times ▪ von Willebrand studies - VW Antigen, VW Ristocetin Cofactor ▪ Coagulation Assessment - PT, INR, PTT, Fibrinogen ▪ Factor Studies 		<input type="checkbox"/> ANTIPHOSPHOLIPID ANTIBODY (APHL) (Immunology Lab) <i>** Collection: 1 SST (yellow top tube)</i>	
<input type="checkbox"/> VON WILLEBRAND PROFILE (VONW)/DDAVP TRIAL <i>** Collection: 6 x 1.8 mL blue top tubes, 1 lavender top tube</i> <ul style="list-style-type: none"> ▪ Closure Times ▪ von Willebrand studies - VW Antigen, VW Ristocetin Cofactor ▪ Factor VIII 		<input type="checkbox"/> LUPUS INHIBITOR PROFILE (LUPS) <i>** Collection: 3 x 1.8 mL blue top tube</i> <ul style="list-style-type: none"> ▪ Lupus Inhibitor Studies 	
<input type="checkbox"/> PFA-100 CLOSURE TIMES (PFA) <i>** Collection: 4 x 1.8 mL blue top tubes, 1 lavender top tube</i> <ul style="list-style-type: none"> ▪ Closure Times 		<input type="checkbox"/> RANDOM HYPERCOAGULABILITY ASSAY PROFILE (RASS) <i>** Collection: 4 x 1.8 mL blue top tube</i> Please specify <input type="checkbox"/> Antithrombin <input type="checkbox"/> Activated Protein C Resistance <input type="checkbox"/> Plasminogen <input type="checkbox"/> Free Protein S Antigen <input type="checkbox"/> Protein C Antigen and Activity	
<input type="checkbox"/> FACTOR ASSAY PROFILE (FASS) <i>** Collection: 3 x 1.8 mL blue top tubes</i> Please specify <input type="checkbox"/> Fibrinogen <input type="checkbox"/> Factor II <input type="checkbox"/> Factor V <input type="checkbox"/> Factor VII <input type="checkbox"/> Factor VIII <input type="checkbox"/> Factor IX <input type="checkbox"/> Factor X <input type="checkbox"/> Factor XI <input type="checkbox"/> Factor XII <input type="checkbox"/> Factor XIII		<input type="checkbox"/> COAGULATION ASSESSMENT (PTTC) <i>** Collection: 4 x 1.8 mL blue top tube</i> <input type="checkbox"/> PT, INR, PTT, Fibrinogen <input type="checkbox"/> Factor Studies <input type="checkbox"/> Other studies if needed - Lupus Inhibitor Studies, Thrombin Time	
<input type="checkbox"/> FACTOR INHIBITOR PROFILE (FINH) <i>** Collection: 6 x 1.8 mL blue top tubes</i> Please specify <input type="checkbox"/> Factor VIII <input type="checkbox"/> Factor IX <input type="checkbox"/> Other <input type="checkbox"/> Factor Inhibitor Screen <input type="checkbox"/> Bethesda Units		<input type="checkbox"/> DIC PROFILE (DIC) <i>** Collection: 4 x 1.8 mL blue top tube</i> <input type="checkbox"/> Coagulation Assessment - PT, INR, PTT, Fibrinogen <input type="checkbox"/> Factor Studies <input type="checkbox"/> Soluble Fibrin Monomers, D-Dimer <input type="checkbox"/> Other studies if needed/requested - Lupus Inhibitor Studies, Thrombin Time	
<input type="checkbox"/> FIX CHROMOGENIC ASSAY (FAIX) <i>** Collection: 1 x 1.8 mL blue top tubes</i> Please specify <input type="checkbox"/> Rebinyn Please indicate time of last dose _____		<input type="checkbox"/> HEPARIN ANTI-XA PROFILE (HEPX) <i>** Collection: 1 x 1.8 mL blue top tube</i> Please specify <input type="checkbox"/> Unfractionated Heparin <input type="checkbox"/> Dalteparin <input type="checkbox"/> Enoxaparin <input type="checkbox"/> Fondaparinux Please indicate time of last dose _____	