

Haemostasis Requisition *(Hematology Consult Required)*

Acceptance Policy 10-50-03: Requirements for Test Requisitions 2.1 - Fields marked with * are mandatory and must be clearly legible or can result in specimen rejection.

Ordering Provider Information		Patient Information	
*Last & Full First Name:	Billing Code:	*Last/First Name: (per Health Card)	
*Ordering Facility:		* Date of Birth (dd/mm/yyyy)	
Address:		*Sex: <input type="checkbox"/> Female <input type="checkbox"/> Male	
Critical Results Phone Number:	Fax No.:	*PHIN: (Specify if other province/ DND)	
Physician Signature:	Phone No.:	MRN:	
Copy Report To: <i>(if info missing, report may not be sent)</i>		Encounter Number:	
Last & Full First Name:	Fax No.:	Patient Phone No.:	
Facility Name/ Address:	Phone No.:	Patient Address:	
Last & Full First Name:	Fax No.:	Demographics verified:	
Facility Name/ Address:	Phone No.:	<input type="checkbox"/> Health Card <input type="checkbox"/> Armband <input type="checkbox"/> eChart/CR <input type="checkbox"/> Other	
Collection Information <i>(fields marked with ♦ required)</i>			
♦Collection: <input type="checkbox"/> Venipuncture <input type="checkbox"/> Capillary <input type="checkbox"/> Indwelling Line	♦ Collector:	♦ Collection Date:	
# Serum tubes(s) _____ # Plasma tubes(p) _____	♦ Collection Facility/Lab:	♦ Collection Time:	
Medications	Referring Lab: # of tubes sent _____	Samples shipped frozen <input type="checkbox"/>	
	Patient History		
	Provisional Diagnosis		
<input type="checkbox"/> Bleeding Profile with Platelet Studies CBW **Haemostasis Lab collection only • 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 Assays	<input type="checkbox"/> Hypercoagulability Profile **Collection: 8 x 1.8 mL blue top tube HYPE • Coagulation Assessment – PT, INR, PTT, Fibrinogen, Factor Studies • Lupus Anticoagulant • Thrombin Time • Antithrombin • Plasminogen • Protein C Activity • Activated Protein C Resistance • Free Protein S Antigen		
<input type="checkbox"/> Platelet Function Profile **Haemostasis Lab collection only PAGG • Closure Times • Platelet Aggregation • ATP Release, Electron Microscopy	<input type="checkbox"/> Factor V Leiden and Prothrombin Variant MOL (Molecular Hematology Lab) **Collection: 1 lavender top tube		
<input type="checkbox"/> Bleeding Profile without Platelet Studies DHWU **Collection: 8 x 1.8 mL blue top tubes; 1 lavender top tube • Closure Times • von Willebrand studies – VW Antigen, VW Ristocetin Cofactor • Coagulation Assessment – PT, INR, PTT, Fibrinogen • Factor Assays	<input type="checkbox"/> Antiphospholipid Antibodies APHL (Immunology Lab) **Collection: 1 SST (yellow top tube)		<input type="checkbox"/> Lupus Anticoagulant Profile **Collection: 3x1.8 mL blue top tube LUPS • Lupus Anticoagulant
<input type="checkbox"/> Von Willebrand Profile / DDAVP Trial VONW **Collection 6 x 1.8 mL blue top tube; 1 lavender top tube • Closure Times • von Willebrand studies – VW Antigen, VW Ristocetin Cofactor • Factor VIII	<input type="checkbox"/> Random Hypercoagulability Assay Profile RASS **Collection: 4 x 1.8 mL blue top tube 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 Activity		
<input type="checkbox"/> PFA-100 Closure Times PFA **Collection: 4 x 1.8 mL blue top tube; 1 lavender top tube	<input type="checkbox"/> Coagulation Assessment PTTC *Collection: 4 x 1.8 mL blue top tube • PT, INR, PTT, Fibrinogen • Factor Assays • Other studies if needed – Lupus Anticoagulant, Thrombin Time		
<input type="checkbox"/> Factor Assay Profile **Collection: 3 x 1.8 mL blue top tube FASS 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"/> DIC Profile ** DIC *Collection: 4 x 1.8 mL blue top tube • Coagulation assessment – PT, INR, PTT, Fibrinogen • Factor Assays • Soluble Fibrin Monomers, D-Dimer • Other studies if needed/requested – Lupus Anticoagulant, Thrombin Time		
<input type="checkbox"/> Factor Inhibitor Profile **Collection: 6 x 1.8 mL blue top tube FINH 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 Assay Please Specify Therapy: _____	<input type="checkbox"/> Heparin Anti-XA HEPX **Collection: 1 x 1.8 mL blue top tube Please specify: <input type="checkbox"/> Unfractionated Heparin <input type="checkbox"/> Dalteparin <input type="checkbox"/> Danaparoid <input type="checkbox"/> Enoxaparin <input type="checkbox"/> Fondaparinux Please indicate time of last dose: _____		
<input type="checkbox"/> Chromogenic Factor Assay **Collection 1 x 1.8 mL blue top tube <input type="checkbox"/> Factor IX (FAIX) <input type="checkbox"/> Factor VIII (_____) Please specify: Please Specify: <input type="checkbox"/> Rebinyn <input type="checkbox"/> FVIII Therapy: Please indicate time of last dose: _____			