

# Hemostasis Requisition

<b>ACCOUNT INFORMATION</b>		<b>UTSouthwestern</b> Medical Center Clinical Laboratory Services			
Client Name/Account Number:				6201 Harry Hines Blvd 04.411 Dallas, Texas 75390 PHONE: 214-633-4959 FAX: 214-633-8717 CLIA #45D0665307, CAP #2070401	
Client Address:					
City/State/Zip:					
Client Phone:	Client FAX:				

## REQUIRED ORDER INFORMATION

<b>BILL TO:</b>	<input type="checkbox"/> Facility / Client <input type="checkbox"/> Patient / 3rd party – Billing information must be provided		
Patient Name: (Last, First, Middle)			
Mother's Name: (if infant)			
Date of Birth:	Sex:	Patient ID / MR#:	
Hospital Inpatient Y / N	Collection Date:	Collection Time:	AM PM
Ordering Physician (Full Name):		NPI:	
Phone:	Pager:	FAX:	
Clinical Indication for Tests Ordered:			

## PATIENT/3RD PARTY BILLING INFORMATION

<b>ICD-10 Code(s)</b>		<input type="checkbox"/> Signed ABN included	
Medicare patients with non-covered diagnoses must sign Advanced Beneficiary Notice (ABN) available at <a href="http://www.veripathlabs.com">www.veripathlabs.com</a> or by calling customer service at 214-645-7057 or toll free 877-887-8136			
ICD-10 Codes applicable to each and every test requested should come only from the ordering physician, represent the reason for the test order at the time of order, and be supported by the patient's medical record. Physicians should order only tests that are medically necessary for the diagnosis or treatment of the patient. Tests ordered should be single laboratory tests appropriate for the patient's medical condition. Tests for screening purposes may be ordered, but may not be reimbursed.			
Insured/Responsible Party Name: (if different from patient-Last, First, Middle)		Date of Birth:	
Patient's relationship: <input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Dependent <input type="checkbox"/> Other		Responsible Party Address: (street, city, State, zip)	
Sex:		Phone:	
Employer's Name:		Employer's Phone:	
Insurance Co. Name:		Insurance Co. Phone:	
Insurance Co. Address:			
Policy #:		Group #:	
<input type="checkbox"/> Medicare <input type="checkbox"/> HMO <input type="checkbox"/> Other <input type="checkbox"/> Medicaid <input type="checkbox"/> PPO		Member ID#:	
Referral Authorization/Precertification #:			
Name:		Date/Time:	

## SPECIMEN INFORMATION

<input type="checkbox"/> Red top	<input type="checkbox"/> Sodium citrate tube (blue top)	<input type="checkbox"/> EDTA tube (purple top)
<input type="checkbox"/> Frozen Citrated Plasma	<input type="checkbox"/> Frozen EDTA Plasma	<input type="checkbox"/> Frozen Serum
Past History: <input type="checkbox"/> Bleeding <input type="checkbox"/> Stroke <input type="checkbox"/> MI <input type="checkbox"/> PE/DVT <input type="checkbox"/> Malignancy <input type="checkbox"/> Recurrent Pregnancy Loss		
Drug History: <input type="checkbox"/> Heparin <input type="checkbox"/> Coumadin <input type="checkbox"/> Aspirin <input type="checkbox"/> Plavix <input type="checkbox"/> Hemlibra <input type="checkbox"/> UFH <input type="checkbox"/> LMWH <input type="checkbox"/> DOAC <input type="checkbox"/> Other: _____		
Family History: <input type="checkbox"/> Bleeding <input type="checkbox"/> Thrombosis <input type="checkbox"/> Other: _____		
Recent Transfusion History: <input type="checkbox"/> FFP <input type="checkbox"/> Platelets <input type="checkbox"/> Cryoprecipitate (past 2 weeks)		

## TESTS REQUESTED

<b>SCREENING COAGULATION TESTS</b> <input type="checkbox"/> PT/INR <input type="checkbox"/> APTT <input type="checkbox"/> Fibrinogen <input type="checkbox"/> Thrombin Time <input type="checkbox"/> D-Dimer Quantitative <input type="checkbox"/> PFA-100™ <sup>1</sup>	<b>VON WILLEBRAND DISEASE</b> <input type="checkbox"/> von Willebrand Diagnostic Profile <sup>1</sup> Includes VIII Activity, vWFAg, RCo, CBA <input type="checkbox"/> Factor VIII Activity <input type="checkbox"/> von Willebrand Factor Antigen <input type="checkbox"/> Collagen Binding Assay (CBA) <input type="checkbox"/> von Willebrand Factor Activity (Ristocetin Co-factor) <input type="checkbox"/> Ristocetin Induced Platelet Agglutination <sup>1</sup> Requires Prior Laboratory Scheduling 214-633-4959 <input type="checkbox"/> von Willebrand Factor Multimers <sup>7</sup>	<b>OTHER TESTS</b> <input type="checkbox"/> Heparin Induced Thrombocytopenia (HIT) Ab <sup>1</sup> <input type="checkbox"/> ADAMTS-13 Activity <sup>6</sup> <input type="checkbox"/> STAT <input type="checkbox"/> Routine
<b>FACTOR ACTIVITIES</b> <input type="checkbox"/> Factor II Activity <sup>2</sup> <input type="checkbox"/> Factor V Activity <input type="checkbox"/> Factor VII Activity <sup>2</sup> <input type="checkbox"/> Factor VIII Activity (Clot-based) <input type="checkbox"/> Factor VIII Activity (Chromogenic) <input type="checkbox"/> Factor IX Activity <sup>2</sup> <input type="checkbox"/> Factor X Activity <sup>2</sup> <input type="checkbox"/> Factor XI Activity <input type="checkbox"/> Factor XII Activity <input type="checkbox"/> Factor XIII Activity <input type="checkbox"/> Plasminogen <input type="checkbox"/> Alpha-2-Antiplasmin	<b>HYPERCOAGULABILITY</b> <input type="checkbox"/> Hypercoaguable Panel <sup>1</sup> Includes natural anticoagulants and antiphospholipid antibody testing <input type="checkbox"/> Activated Protein C Resistance FVIII activity <sup>1,4</sup> <input type="checkbox"/> Antithrombin Activity <sup>2,3</sup> <input type="checkbox"/> Protein C Activity <sup>2</sup> <input type="checkbox"/> Protein S Activity <sup>2,5</sup> <input type="checkbox"/> Protein S Antigen <sup>2</sup> (Total and Free)	<b>CIRCULATING INHIBITORS<sup>3</sup></b> <input type="checkbox"/> Factor VIII Inhibitor (Antibody) Screen <input type="checkbox"/> Factor VIII Inhibitor (Antibody) Assay <input type="checkbox"/> Clot-based <input type="checkbox"/> Chromogenic (Hemlibra use or Acquired hemophilia) <input type="checkbox"/> Factor IX Inhibitor (Antibody) Assay <input type="checkbox"/> PTT Mixing Study <input type="checkbox"/> PT Mixing Study
<b>DYSFIBRINOGENEMIA</b> <input type="checkbox"/> Dysfibrinogenemia Panel Includes Thrombin time, reptilase time, fibrinogen activity and antigen <input type="checkbox"/> Reptilase Time <input type="checkbox"/> Thrombin Time <sup>3</sup> <input type="checkbox"/> Fibrinogen Antigen <input type="checkbox"/> Fibrinogen Activity	<b>Antiphospholipid Antibody (Ab) Tests</b> <input type="checkbox"/> Antiphospholipid Antibody Panel Includes LAC Anticardiolipin Abs, Anti-β2 GPI Abs, Anti - PS/PT Abs <input type="checkbox"/> Anticardiolipin Ab (IgG, IgM, IgA) <input type="checkbox"/> Anti-β2-Glycoprotein 1 (IgG, IgM, IgA) <input type="checkbox"/> Antiphosphatidylserine/Prothrombin (IgG, IgM) <input type="checkbox"/> Lupus Anticoagulant <sup>1,2,4</sup> Includes dRVVT and SCT	<b>ANTICOAGULANT EFFECT</b> <input type="checkbox"/> Rivaroxaban Assay <input type="checkbox"/> Apixaban Assay <input type="checkbox"/> Unfractionated Heparin Assay <input type="checkbox"/> LMW Heparin Assay <input type="checkbox"/> Arixtra (Fondaparinux) Assay
	<b>Molecular Testing</b> <input type="checkbox"/> Factor V Leiden Mutation <input type="checkbox"/> Prothrombin G20210A Mutation	<b>PLATELET AGGREGATION, WHOLE BLOOD<sup>1</sup></b> Requires Prior Laboratory Scheduling 214-633-4959 <input type="checkbox"/> Bleeding tendency <input type="checkbox"/> Aspirin effect <input type="checkbox"/> Plavix effect <input type="checkbox"/> Ticagrelor effect <input type="checkbox"/> Prasugrel effect