



1) Patient Legal Name (Last, First MI) DOB 2) ( ) STAT Date/Time of Collection
Patient Social Security # Race M R#/Alternate Pt ID Phone Results To:
Patient Address Phone Fax Results To:
City, State, Zip M F 4) BILL FACILITY / CLIENT
3) Physicians Signature Order Date Print Physicians Name (F, M I, L) ( ) Split Bill: TC to Facility & PC to Insurance (Medicare, Medicaid)
Attention PFN: do not register, send patient directly back to lab
Client (Clinic/Physician) Information Group Physicians
Send Additional Report To:

Hemostasis and Thrombosis

Patient History Episode Family History Anticoagulant (Please circle): Coumadin Heparin (UFH or LMWH or Arixtra or Xarelto or Eliquis)
Bleeding: Bleeding after dental work New Past
Blood in stool/urine New Past
Bruises easily New Past
Hematoma New Past
Hemarthrosis New Past
Menorrhagia New Past
Petechiae New Past
Post operative bleeding New Past
Other New Past
Thrombotic Events: Deep vein thrombosis New Past
Myocardial infarction New Past
Pulmonary emboli New Past
Spontaneous abortion New Past
Stroke New Past
Other New Past
Predisposing Conditions: Autoimmune disease
Congestive heart failure
Immobility, trauma, surgery (circle all that apply)
Liver disease
Malignancy
Myeloproliferative disease
Obesity
Oral contraceptives or HRT
Pregnancy
Renal disease
Tobacco use
Varicose veins or phlebitis (circle all that apply)
Patient's Blood Type: A AB B O Unknown
Antiplatelet Medications (please list):
Record all medications, both prescription and nonprescription, taken in the past 10 days or attach list of medications to the requisition.
Medications: Dose: Date Last Taken:
Potential Interferences and Limitations
Acute Phase Response: APCR, Factor VIII, vW Factor, Fibrinogen, Protein S, PAI-1
Heparin: aPTT, APCR, AT III, Protein S Clottable, Factor Assays
Warfarin: Factors II, VII, IX, and X, Protein C and Protein S, DRVVT
Direct Thrombin Inhibitor: All Clotting Assays
Direct Xa Inhibitor: PT/PTT, AT III, APC, Factor Assays, PS Clot, Chromogenic X, DRVVT, Staclot LA
Send duplicate report to:
Physician Name:
Business Name:
Address:
City: State: Zip:

## Hemostasis and Thrombosis Panels

Please check box when pathologist's interpretation is required. Panels will include reflex testing as indicated which may result in additional charges.

- 372 Antiphospholipid Syndrome Panel:**  
**Includes:** Cardiolipin (aCL) IgG/M, B2 Glycoprotein 1 IgG/M Ab, Lupus Anticoagulant (DRVVT and Staclot LA)  
**Collect 1 Clear Discard, 2 Full 2.7 ml Blue (2 B/P/F), and 1 Gold (1 G/S/RF) in order left to right.**
- 370 Bleeding Panel**  
**Includes:** PTINR, aPTT, TCT, and CBC Reflex criteria include any abnormal result in clotting assays; CBC criteria previously established by Hematology. **Reflex tests include mixing study with factor deficiency, circulating AC or dysfibrinogenemia workup (see Directory algorithm); smear review for schistocytes and/or platelet morphology.**  
**Collect 1 Clear Discard and 4 Full 2.7 ml Blue (4 B/P/F), and 1 Lavender in order left to right.**
- 376 Bleeding Panel: Von Willebrand Disease:**  
**Includes:** Platelet Funct (PFA-100), vWF Factor Antigen, vWF Factor Activity Screen, Factor VIII Assay, Blood Type (if not provided on requisition). **Additional individual tests that can be ordered separately and used in further classification of vW Disease include: vWF Factor Multimeric, Ristocetin Dose Response (RIPA) and/or Collagen Binding. CALL IUHPL before collecting sample. Draw, Do Not Spin, and send with STAT courier. Must be to IUHPL by 3pm. Collect 1 Clear Discard, 5 Full 2.7 ml Blue, and 1 Lavender (w/ 2 signatures) in order left to right**
- 372 Fetal Demise Common: Antiphospholipid Syndrome Panel**  
**Includes:** Cardiolipin (aCL) IgG/M, B2 Glycoprotein 1 IgG/M Ab, Lupus Anticoagulant (DRVVT and Staclot LA)  
**Collect 1 Clear Discard, 2 Full 2.7 ml Blue (2 B/P/F), and 1 Gold (1 G/S/RF) in order left to right**
- 379 Fetal Demise Less Common:**  
**Includes:** PT Gene Mutation, APC Resistance (APCR), Protein C Activity, Protein S Antigen Free, AT III Functional, Homocysteine, PAI-1 Mutation Bld PCR, Factor XIII. **Reflex testing for Factor V Leiden PCR will be performed if APCR is abnormal.**  
**Collect 1 Clear Discard, 4 Full 2.7 ml Blue (4 B/P/F), 1 Lt Green (LG/P/F) and 3 Lavender (3 L/W/RF) in order left to right**
- 374 Lupus Anticoagulant:**  
**Includes:** DRVVT and Staclot LA.  
**Collect 1 Clear Discard and 2 Full 2.7 ml Blue (2 B/P/F) in order left to right**
- 377 Mixing Study: Factor Deficiency/Inhibitor**  
**Includes:** PTINR, aPTT, and TCT. Reflex criteria include any abnormal result in clotting assays. **Reflex tests include mixing study with factor deficiency, circulating AC or dysfibrinogenemia workup (see Directory algorithm)**  
**Collect 1 Clear Discard and 4 Full 2.7 ml Blue (4 B/P/F),**
- 378 Venous Thrombosis Panel:**  
**Includes:** APC Resistance (APCR), PT Gene Mutation, AT III Functional, Factor VIII Assay, Protein C Activity and Protein S Antigen Free (if patient is not on Coumadin), Homocysteine, Lupus Anticoagulant (DRVVT and Staclot LA), Cardiolipin (aCL) IgG/M and B2 Glycoprotein 1 IgG/M Ab. **Reflex testing for Factor V Leiden PCR will be performed if APCR is abnormal. A MTHFR Mutation Bld will be performed if homocysteine is abnormal.**  
**Collect 1 Clear Discard, 5 Full 2.7 ml Blue (5 B/P/F), 1 Gold (1 G/S/RF), 1 Lt Green (LG/P/F), and 1 Lavender (L/W/RF) in order left to right**

<b>KEY</b>	BG=Blue Griener			
B= Blue	G=Gold	P=Plasma	F= Freeze	*= See IUHPL Test Directory
L= Lavender	LG=Lt Green	S=Serum	RF=Refrigerate	**= Send cells with plasma
R=Red	Y=Yellow ACD	W=Whole Blood	RT= Room Temp	§= Once in a lifetime testing

## Individual Tests

- 543 aPTT B/P/F
- 567 APC Resistance (APCR) B/P/F\*\*
- 987 Alpha 2 Antiplasmin PI QN B/P/F
- 428 Anti-Xa Enoxaparin Level B/P/F
- 429 Anti-Xa Fondaparinux Level B/P/F
- 430 Anti-Xa Heparin(UFH)Level B/P/F
- 85520 Anti-Xa Rivaroxaban Level B/P/F
- 10060 Anti-Xa Apixaban level B/P/F
- 516 AT III Functional (Act) B/P/F
- 956 AT III Antigen (Ag) B/P/F
- 9936 Cardiolipin IgG/M (aCL) G/S/RF
- 555 Chromogenic Factor X B/P/F
- 545 D-Dimer B/P/F
- 997 DRVVT B/P/F
- 582 Factor II Assay B/P/F
- 585 Factor V Assay B/P/F
- 517 Factor VII Assay B/P/F
- 518 Factor VIII Assay B/P/F
- 423 Factor VIII Inhibitor Assay B/P/F
- 519 Factor IX Assay B/P/F
- 424 Factor IX Inhibitor Assay B/P/F
- 520 Factor X Assay B/P/F
- 581 Factor XI Assay B/P/F
- 592 Factor XII Assay B/P/F
- 413 Factor XIII QL B/P/F
- 3397 Factor V Leiden PCR § L/W/RF
- 10792 Factor Assay, Fitzgerald B/P/F
- 10872 Factor Assay, Fletcher B/P/F
- 544 Fibrinogen (Functional) B/P/F
- 547 Fibrinogen Ag B/P/F
- 548 Heparin Levels—see Anti Xa above
- 548 Heparin Induced Ab (HIT) B/P/F
- 7981 Homocysteine LG/P/RF
- 377 Mixing Studies 4-B/P/F
- 3399 MTHFR Mutation PCR § L/W/RF
- 937 PAI-1 Ag B/P/F
- 3396 PAI-1 Genotyping PCR § L/W/RT\*
- 7352 Phosphatidylchol Abs (aPC) R/S/F
- 7356 Phosphatidylserine Ab (aPS) R/S/F
- 537 Plasminogen Activity B/P/F
- 450 Platelet Aggregation 6-B/W/RT\*
- 586 Platelet Funct (PFA-100) 2-B/W/RT\*
- 587 Plt Inh (P2Y12) BG/W/RT\*
- 588 Plt Inh (Aspirin) BG/W/RT\*
- 914 Protein C Activity B/P/F
- 925 Protein C Ag B/P/F
- 929 Protein S Antigen B/P/F
- 539 Protein S Antigen Free B/P/F
- 930 Protein S Clottable (Funct) B/P/F
- 7360 PT Gene Mutation PCR § L/W/RF
- 542 PTINR B/P/F
- 589 Risto Dose Resp (RIPA) 6-B/W/RT\*
- 764 Staclot LA (Hex Phase) B/P/F

- 546 Thrombin Time (TCT) B/P/F
  - 10974 Tissue Plas Act Ag(TPA Ag) B/P/F
  - 455 vWF Collagen Binding B/P/F
  - 540 vWF Factor Activity Screen B/P/F
  - 113 vWF Factor Antigen B/P/F
  - 10678 von Willebrand Multimers B/P/F
  - 10981 Warfarin Sensitivity Genotype § L/W/RF\*
- include pathologists interpretation

### Guidelines:

1. The IUHPL laboratory must be called **prior to collecting** Bleeding Panel: Von Willebrand Disease, Platelet Function (PFA-100), Plt Inh (P2Y12), Plt Inh (Aspirin), Platelet Aggregation, and Risto Dose Response.  
Call 1-800-433-0740 or 317-491-6000 with questions and ask for Special Coag.
2. Platelet Aggregation, and Risto Dose Response **samples must be to IUHPL by 1:00 PM on the day of collection.**
3. Platelet Function (PFA-100), Plt Inh (P2Y12) and Plt Inh (Aspirin) and Bleeding Panel: Von Willebrand Disease **samples must be to IUHPL by 3:00 PM on day of collection.**
4. Mixing Studies require 4x2.7ml Blue, Platelet Agg—6x2.7ml Blue, **PFA-100—2x2.7ml Blue** and Risto Dose Response—6x2.7ml Blue tubes
5. Always draw blood by venipuncture—do not use needles smaller than 23 gauge. Follow draw order.
6. Always draw a discard tube (clear discard or light blue, 3.2% sodium citrate tube preferred) before drawing coagulation specimens in light blue vacuum tubes (3.2% buffered sodium citrate).
7. Withdrawing blood from intravenous lines or indwelling catheters should be avoided if at all possible.
8. Fill light blue top tubes as far as the vacuum will allow and mix by gentle inversion.
9. In order to produce accurate and valid results, all specimens must be "platelet free" (<5000/uL) before freezing for shipment. This residual count can be obtained by "double-spinning" the sample.
10. Double spin and freeze plasma within 4 hrs of collection: Spin at 3000rpm for 15 min. Place top 2/3 of plasma in aliquot tube and spin aliquots at 3000 rpm for 15 min. Take top 2/3 of 2nd spin and put into one clean aliquot tube for each test ordered. See website for amount of plasma required for each test ordered. Label aliquot tubes with patient name, DOB and mark 'plasma'. Freeze aliquots immediately. Send frozen aliquots of platelet poor plasma.
11. Hemolysis and heparin anticoagulant (Green and Lt Green tubes) interfere with coagulation studies and cannot be used.
12. Label all tubes including aliquots with patient name and DOB, MRN or SS number.
13. For more information on each test, see <https://uhealth.org/pathology/lab-services>