

| Coagulation Patient Information

Instructions: To help provide the best possible service, supply the requested information below and send the paperwork with the specimen.

Patient Information				
Patient Name (Last, First, Middle)		Bii	th Date (mm-dd-yyyy)	Sex
				☐ Male ☐ Female
Referring Provider Name (Last, First)		Ph	one	Fax*
Other Contact Name (Last, First)		Ph	one	Fax*
		*Fax number given must be f	rom a fax machine that comp	 lies with applicable HIPAA regulations
Reason for Testing and Clinica	al Information	Ü	•	
Identify the coagulation diagnostic concern	or other relevant inform	ation.		
Coagulation-related testing results from re	ferring laboratory.			
PT	Normal Range			
APTT				
Platelet Count				
Other				
Coagulation-related medication, given curre		ys? Check all that apply.		
☐ Coumadin (Warfarin)	☐ Direct thrombin inhibitor			
☐ Heparin (unfractionated)	(Pradaxa [Dabigatran], Acova [Argatroban], Angiomax [Bilvalirudin])			
	☐ Low-molecular-weight heparins (Lovenox [enoxaparin], Fragmin [Dalteparin], other)			
☐ Fondaparinux (Arixta)				
☐ Vitamin K	☐ Direct Xa inhibitor			
☐ Thrombolytic (t-PA)	(Xarelto [rivaroxaban], Eliquis [Apixaban], Savaysa [Edoxaban])			
Transfusion or Replacement Factor, given wi				
Factor Concentrate: (specify product)				_
☐ DDAVP ☐ Cryoprecipitate ☐ I	Fresh frozen plasma	☐ VWF concentrate	☐ FVIII concentrate	e
Does the patient have: A known congenital bleeding disorder?	□ Voo. □ No.			
If yes, which disorder?				
A known coagulation factor inhibitor?				
If yes, which factor?				
If type of disorder/inhibitor is unknown we s		/ Prolonged Clot Time Pr	ofile.	
For DNA-based testing, has patient had:				
A transfusion within the past 3 months				
A bloom marrow transplant?	☐ Yes ☐ No			
A liver transplant?	☐ Yes ☐ No			
Von Willebrand Testing Information		Name at D		
Factor VIII Activity Results			inge	_
Von Willebrand Factor Activity/Ristocetin Cofactor Activity		Normal Ra	inge	_

Normal Range

Von Willebrand Factor Antigen