

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

Patient Name (Last, First, Middle Initial)		Birth Date (Month DD, YYYY)	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female
Referring Physician Name	Phone	Fax	
Other Contact	Phone	Fax	

Clinical Information

Identify the coagulation diagnostic concern or other relevant information	
Coagulation related Testing Results from referring laboratory	
PT _____	Normal Range _____
APTT _____	Normal Range _____
Platelet Count _____	Hematocrit _____
Other _____	
Coagulation-related medication, current or past 7 days? (check if applies)	
<input type="checkbox"/> Coumadin (Warfarin)	<input type="checkbox"/> Vitamin K
<input type="checkbox"/> Heparin (unfractionated)	<input type="checkbox"/> Low molecular weight heparin/Fondaparinux (Arixta)
<input type="checkbox"/> Direct thrombin inhibitor	<input type="checkbox"/> Thrombolytic (t-PA)
<input type="checkbox"/> Direct Xa inhibitor	
Transfusion of Factor Replacement, past 72 hours? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Factor Concentrate – Specify product _____	
<input type="checkbox"/> DDAVP <input type="checkbox"/> Cryoprecipitate <input type="checkbox"/> Fresh frozen plasma <input type="checkbox"/> Humate P	
Does the patient have	
Known congenital bleeding disorder? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, which disorder? _____	
Known coagulation factor inhibitor? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, which factor? _____	
If type of disorder/inhibitor is unknown we suggest ordering MML test #83097 Prolonged Clot Time Profile	
For DNA based testing, has patient had	
Transfusion within the past 3 months? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Bone marrow transplant? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Liver transplant? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Von Willebrand Testing Information	
Factor VIII Activity Results _____	Normal Range _____
Von Willebrand Factor Activity/Ristocetin Cofactor Activity _____	Normal Range _____
Von Willebrand Factor Antigen _____	Normal Range _____