St. Michael's
Inspired Care.
Inspiring Science.

DIAGNOSTIC LABORATORY REQUISITION
Comprehensive Bleeding Disorder Program

7 3 8 3 2

Patient's Last Name: _____

First Name: _____

D.O.B (yyyy-mm-dd): _____-_____-_____ Gender: Choose

Patient Location: _____

Health Card No.: _____

Medical Record No.: _____

Laboratory Labels

PLACE LABORATORY LABELS HERE

Ordering Clinician/ Practitioner Information

Name: _____ Signature: _____

Clinic/ Unit Name: _____ Telephone: _____

Anticoagulant NO ☐ YES ☐

If yes
- ☐ Coumadin
- ☐ UF Heparin
- ☐ LMW Heparin
- ☐ Apixaban
- ☐ Rivaroxaban
- ☐ Dabigatran

Other: _____

Immunology
- ☐ SPEP
- ☐ SFLC Assay
- ☐ Haptoglobin
- ☐ Quantitative Immunoglobulin

APLA
- ☐ DRVVT
- ☐ aPTT
- ☐ ACA (IgG/IgM) & Anti-B2GP1

Hematology
- ☐ CBC
- ☐ Reticulocytes

Hematinics
- ☐ Ferritin
- ☐ Iron Studies
- ☐ Vitamin B12
- ☐ RBC Folic acid

Routine Coagulation
- ☐ INR/PT
- ☐ aPTT
- ☐ Fibrinogen
- ☐ Thrombin Time
- ☐ D-Dimer

Dynamic Assays
- ☐ ROTEM

Factor XIII
- ☐ FXIII Antigen

Biochemistry
- ☐ Sodium
- ☐ Potassium
- ☐ Chloride
- ☐ HCO3
- ☐ Calcium
- ☐ Magnesium
- ☐ Phosphorus
- ☐ LDH
- ☐ Creatinine
- ☐ AST
- ☐ ALT
- ☐ ALP
- ☐ Bilirubin
- ☐ Albumin
- ☐ TSH

Factor Levels *(Clotting)*
- ☐ Factor II
- ☐ Factor V
- ☐ Factor X
- ☐ Factor VII
- ☐ Factor VIII
- ☐ Factor IX
- ☐ Factor XI
- ☐ Factor XII

Factor Levels *(Chromogenic)*
- ☐ Factor VIII
- ☐ Factor IX

Factor Inhibitor
- ☐ FVIII (Human)
- ☐ FVIII (Porcine)
- ☐ FIX Inhibitor

Other (specify): _____

Other Tests: _____

Von Willebrand Factor Related
- ☐ Factor VIII
- ☐ VWF Antigen
- ☐ VWF Ristocetin Cofactor
- ☐ VWF Multimers

Platelets
- ☐ PFA Collagen/ADP/EPI
- ☐ PFA P2Y12
- ☐ Platelet Aggregation

(please call ext: 5123 to book)

DO NOT SEND VIA PNEUMATIC TUBE SYSTEM.

DO NOT CENTRIFUGE!

Fibrinolytic System
- ☐ Euglobulin Clot Lysis Time
- ☐ Alpha 2 Antiplasmin
- ☐ Plasminogen

Clinical or Additional Information

_____

_____

_____

DDVAP Challenge
- ☐ VWF Antigen & RCOF
- ☐ Factor VIII only
  - ☐ PRE
  - ☐ 1 hr Post
- ☐ PFA Collagen/ADP/EPI
- ☐ 4 hr Post

PRODUCT TYPE

☐ PRE-DOSE

Factor VIII
- ☐ Kovaltry
- ☐ Xyntha
- ☐ Nuwiq
- ☐ Eloctate
- ☐ Adynovate

Factor IX
- ☐ Benefix
- ☐ Alprolix
- ☐ Rebinyn

VWF: Factor VIII
- ☐ Humate P
- ☐ Wilate

Bypassing Agent
- ☐ FEIBA
- ☐ Niastase

Factor XIII
- ☐ Corifact
- ☐ Tretten

SAP Products
- ☐ Factor X
- ☐ Factor XI

Prothrombin Complex Concentrate
- ☐ Octaplex
- ☐ Beriplex

Porcine Factor VIII
- ☐ Obizur

Fibrinogen
- ☐ RiaSTAP

Other
- ☐ Hemlibra

Porcine Factor VIII
- ☐ Trough
- ☐ Recovery (_____ min Post)
- ☐ ___ hr Post

Amount of Last Injected Factor: _____ *Date/Time:* _____

Post IVIG Testing ☐ CBC ☐ Reticulocytes ☐ LDH ☐ Haptoglobin ☐ DAT (include Blood Bank Req.)

Collected by: _____

Specimen Collection Date (yyyy-mm-dd): _____

Specimen Collection Time (hh:mm a.m/p.m): _____