

Hemostasis Requisition

ACCOUNT INFORMATION		UT Southwestern 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		PATIENT/3RD PARTY BILLING INFORMATION	
BILL TO: <input type="checkbox"/> Facility / Client <input type="checkbox"/> Patient / 3rd party – Billing information must be provided		ICD-10 Code(s)	
Patient Name: (Last, First, Middle)		Medicare patients with non-covered diagnoses must sign Advanced Beneficiary Notice (ABN) available at www.veripathlabs.com or by calling customer service at 214-645-7057 or toll-free 877-887-8136	
Mother's Name: (if infant)		<input type="checkbox"/> Signed ABN included	
Date of Birth:	Sex:	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.	
Patient ID / MR#:		Insured/Responsible Party Name: (if different from patient-Last, First, Middle)	
Hospital Inpatient Y / N	Collection Date:	Collection Time:	Date of Birth:
		AM PM	
Ordering Physician (Full Name):		NPI:	Patient's relationship: <input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Dependent <input type="checkbox"/> Other
Phone:	Pager:	FAX:	Responsible Party Address: (street, city, state zip)
Clinical Indication for Tests Ordered:		Sex:	Phone:
SPECIMEN INFORMATION		Employer's Name:	
<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"/> Warfarin <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)		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:
SCREENING COAGULATION TESTS		OTHER TESTS	
<input type="checkbox"/> PT/INR 5620005 <input type="checkbox"/> APTT 5620035 <input type="checkbox"/> Fibrinogen 5620050 <input type="checkbox"/> Thrombin Time 5472150 <input type="checkbox"/> D-Dimer 5472134		<input type="checkbox"/> HIT ¹ (Heparin Induced Thrombocytopenia)Ab 5472342 <input type="checkbox"/> ADAMTS-13 Activity ⁶ 5421768	
FACTOR ACTIVITIES		CIRCULATING INHIBITORS ³	
<input type="checkbox"/> Factor II Activity ² 5472155 <input type="checkbox"/> Factor V Activity 5472160 <input type="checkbox"/> Factor VII Activity ² 5472167 <input type="checkbox"/> Factor VIII Activity <input type="checkbox"/> Clot based 5472171 <input type="checkbox"/> Chromogenic 5424457 <input type="checkbox"/> Factor IX Activity ² 5472176 <input type="checkbox"/> Factor X Activity ² 5472180 <input type="checkbox"/> Factor XI Activity 5472188 <input type="checkbox"/> Factor XII Activity 5472255 <input type="checkbox"/> Factor XIII Activity 5472190		<input type="checkbox"/> Factor VIII Inhibitor (Antibody) Screen 5472172 <input type="checkbox"/> Factor VIII Inhibitor (Antibody) Assay <input type="checkbox"/> Clot Based ⁵ 5424557 <input type="checkbox"/> Chromogenic (Hemlibra use or Acquired hemophilia) 5424458 <input type="checkbox"/> Factor IX Inhibitor (Antibody) Assay 5472277 <input type="checkbox"/> PTT Mixing Study 5620030 <input type="checkbox"/> PT Mixing Study 5620010	
VON WILLEBRAND DISEASE		ANTICOAGULANT EFFECT	
<input type="checkbox"/> von Willebrand Diagnostic Panel O271470 Includes VIII Activity, vWFAG, RCo, vWFGPIbM, CBA <input type="checkbox"/> Factor VIII Activity 5472171 <input type="checkbox"/> von Willebrand Factor Antigen 5472201 <input type="checkbox"/> Collagen Binding Assay (CBA) 5422131 <input type="checkbox"/> von Willebrand Factor Activity (Ristocetin Co-factor) 5472206 <input type="checkbox"/> von Willebrand Factor GPIbM 5424538 <input type="checkbox"/> Ristocetin Induced Platelet Aggregation ¹ 5422142 Requires Prior Laboratory Scheduling 214-633-4959 <input type="checkbox"/> von Willebrand Factor Multimers ⁷ 5472900		<input type="checkbox"/> Rivaroxaban Assay 5422718 <input type="checkbox"/> Apixaban Assay 5423842 <input type="checkbox"/> Unfractionated Heparin Assay 5422399 <input type="checkbox"/> LMW Heparin Assay 5422398 <input type="checkbox"/> Arixtra (Fondaparinux) Assay 5472645 <input type="checkbox"/> Bivalirudin Assay 5424405	
HYPERCOAGULABILITY		PLATELET AGGREGATION, WHOLE BLOOD ¹	
<input type="checkbox"/> Hypercoagulable Panel ¹ O445000309 Includes natural anticoagulants and antiphospholipid antibody testing <input type="checkbox"/> Activated Protein C Resistance ^{1,4} 5472267 <input type="checkbox"/> Antithrombin Activity ^{2,3} 5472216 <input type="checkbox"/> Protein C Activity ² 5472221 <input type="checkbox"/> Protein S Free Antigen (5424369) <input type="checkbox"/> FVIII activity clot based 5472171		Requires Prior Laboratory Scheduling 214-633-4959 <input type="checkbox"/> Bleeding tendency 5472100 <input type="checkbox"/> Aspirin effect 5422484 <input type="checkbox"/> Clopidogrel (Plavix) effect 5422478 <input type="checkbox"/> Ticagrelor effect 5422476 <input type="checkbox"/> Prasugrel effect 5422477 <input type="checkbox"/> Ristocetin Induced Platelet Agg. 5422142	
Antiphospholipid Antibody (Ab) Tests		¹ With Interpretation ² Results may be affected by Coumadin. Should be off for at least 2 weeks ³ Results may be affected by Heparin. ⁴ Results may be affected by DOAC ⁵ Reflexive Chromogenic for clot-based results between 0.4 – 0.6 BU ⁶ If low reflex to ADAMTS-13 antibody ⁷ If indicated, will be sent out ⁸ If positive reflex to HIT ELISA	
<input type="checkbox"/> Antiphospholipid Antibody Panel O445004277 Includes LAC Anticardiolipin Abs, Anti-β2 GPI Abs, Anti - PS/PT Abs <input type="checkbox"/> Anticardiolipin Ab (IgG, IgM, IgA) 5472672 <input type="checkbox"/> Anti-β2-Glycoprotein Ab 1 (IgG, IgM, IgA) 5472657 <input type="checkbox"/> Antiphosphatidylserine/Prothrombin (IgG, IgM) 5423831 <input type="checkbox"/> Lupus Anticoagulant ^{1,2,4} Includes dRVVT and SCT 5422825			
Molecular Testing			
<input type="checkbox"/> Factor V Leiden Mutation 5340295 <input type="checkbox"/> Prothrombin Mutation G20210G-A 5340265			