



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

Patient Information

Form with fields for Patient Name (Last, First, Middle), Birth Date (mm-dd-yyyy), Sex Assigned at Birth (Male, Female, Unknown, Choose not to disclose), and Legal/Administrative Sex (Male, Female, Nonbinary).

Referring Provider Information

Form with fields for Referring Provider Name (Last, First), Phone, Email, and Other Contact Name (Last, First), Phone, Email.

Reason for Testing and Clinical Information

Text area for identifying the coagulation diagnostic concern or other relevant information.

Form for Coagulation-related testing results from referring laboratory, including fields for PT, APTT, Platelet Count, Hematocrit, and Other.

Form for Coagulation-related medication given currently or in the past 7 days? Check all that apply. Includes checkboxes for Coumadin, Heparin, Fondaparinux, Vitamin K, Thrombolytic, Direct thrombin inhibitor, Low-molecular-weight heparins, and Direct Xa inhibitor.

Form for Transfusion or Replacement Factor given within the past 72 hours? Includes checkboxes for Yes/No and Factor Concentrate (DDAVP, Cryoprecipitate, Fresh frozen plasma, VWF concentrate, FVIII concentrate, FIX concentrate).

Form for Does the patient have: A known congenital bleeding disorder? A known coagulation factor inhibitor? Includes checkboxes for Yes/No and a field for 'If type of disorder/inhibitor is unknown we suggest ordering PROCT / Prolonged Clot Time Profile.'

Form for For DNA-based testing, has patient had: A transfusion within the past 3 months? A bone marrow transplant? A liver transplant? Includes checkboxes for Yes/No.

Form for Von Willebrand Testing Information, including fields for Factor VIII Activity Results, Von Willebrand Factor Activity/Ristocetin Cofactor Activity, and Von Willebrand Factor Antigen, each with a Normal Range field.