

REQUEST FOR TESTING HEMOSTASIS REFERENCE LABORATORY

See NEXT PAGE for sample requirements. Current test descriptions and CPT codes may be viewed at <http://www.bloodworksnw.org> – open the “Laboratory Services” tab.



921 Terry Avenue | Seattle WA 98104-1256

HEMOSTASIS REFERENCE LABORATORY (206) 689-6594 Laboratory Staffed for Questions: 8:00 a.m. - 4:30 p.m. Monday - Friday

PROFILES (See next page for specific tests)

- ☐ Abnormal PT or APTT Reflexive Evaluation
- ☐ Bleeding Diathesis with a Normal APTT/PT
- ☐ DIC Panel
- ☐ Extrinsic Factor Evaluation
- ☐ Fibrinogen Evaluation
- ☐ Fibrinolysis Evaluation
- ☐ Factor VIII Inhibitor
- ☐ Factor IX Inhibitor
- ☐ Factor Inhibitor (other than Factor VIII or Factor IX)

Specify Factor: _____

INDIVIDUAL TESTS

- 3260-01 ☐ ADAMTS 13 Activity
- 3260-02 ☐ ADAMTS 13 Inhibitor
- 3260-03 ☐ ADAMTS 13 Antibody
- 3220-18 ☐ Anti-B2 Glycoprotein I IgG
- 3220-19 ☐ Anti-B2 Glycoprotein I IgM
- 3220-21 ☐ Anti-Cardiolipin IgG/IgM
- 3230-04 ☐ Antiplasmin
- 3200-05 ☐ APTT (Abnormals reflex to 1:1 mix)
- 3200-10 ☐ APTT 1:1 Mix (may reflex to incubated mix)
- 3200-05 ☐ APTT (Post-Heparin Removal)*
- 3210-27 ☐ D-dimer (quantitative)
- 3220-16 ☐ Dabigatran level
- 3220-15 ☐ Apixaban level
- 3220-17 ☐ Rivaroxaban level
- 3220-07 ☐ dRVVT Screen (reflexes to dRVVT Confirm Ratio)
- 3220-08 ☐ dRVVT Confirm Ratio
- 3250-04 ☐ DNA/Factor II (Prothrombin) Mutation
- 3250-03 ☐ DNA/Factor V Leiden (APC Resistance) Mutation
- 3250-05 ☐ DNA/Factor VIII Inversion
- 3250-02 ☐ DNA Hemophilia A Mutation Evaluation
- 3250-10 ☐ DNA Hemophilia B Mutation Evaluation
- 3250-11 ☐ Genotyping for known Hemophilia/VWD Mutation
- 3250-08 ☐ DNA von Willebrand Disease Type 2A/2B/2M
- 3250-09 ☐ DNA von Willebrand Disease Type 2N
- 3210-10 ☐ Factor II Activity
- 3210-11 ☐ Factor V Activity

- ☐ Intrinsic Factor Evaluation
- ☐ Lupus Anticoagulant
- Platelet Aggregation (select one)***
 - ☐ Complete Profile
 - ☐ RIPA (Evaluation for VWD 2B)
 - ☐ Clopidogrel/Prasagril Resistance Panel
 - ☐ Aspirin Resistance panel
- ☐ Platelet Function Assay (PFAs)*
- ☐ Thrombosis Genetic Risk
- ☐ Von Willebrand Disease (VWD)

- 3210-12 ☐ Factor VII Activity
- 3210-13 ☐ Factor VIII Activity
- 3210-18 ☐ Factor VIII Activity Chromogenic
- 3210-14 ☐ Factor IX Activity
- 3210-31 ☐ Factor IX Activity – Pathromtin SL
- 3210-15 ☐ Factor X Activity
- 3210-16 ☐ Factor XI Activity
- 3210-17 ☐ Factor XII Activity
- 3200-07 ☐ Factor XIII Screen
- 3210-06 ☐ FDP in Plasma (semi-quantitative)
- 3200-08 ☐ Fibrinogen Activity
- 3245-01 ☐ Platelet Function Assay (PFA) Epinephrine/Collagen*
- 3245-02 ☐ Platelet Function Assay (PFA) ADP/Collagen*
- 3230-02 ☐ Protein C Activity
- 3230-03 ☐ Protein S Activity
- 3200-04 ☐ Prothrombin Time (Abnormals reflex to 1:1 mix)
- 3200-11 ☐ Reptilase Time
- 3220-06 ☐ STACLOT-LA (Hexagonal PL)
- 3200-02 ☐ Thrombin Time (Abnormals reflex to 1:1 mix)
- 3210-20 ☐ VWF Antigen **
- 3210-03 ☐ VWF Activity by Ristocetin Cofactor **
- 3210-26 ☐ VWF Collagen Binding**
- 3210-24 ☐ VWF Multimers**
- ☐ Other: _____

NOTE: * See Specimen Collection Requirements
** von Willebrand profile must be ordered with this test

NOTE: Information in BOLD must be completed.

SAMPLE DRAWN: DATE ____/____/____ TIME ____ am ____ pm

Sample Drawn By: _____

Diagnosis/Purpose of Testing: _____

ICD10 Code: _____

History / Comments / Special Instructions: _____

MEDICATION: ☐ Heparin ☐ Coumadin ☐ Aspirin ☐ Dabigatran ☐ Rivaroxaban

☐ Apixaban ☐ Other: _____ DATE AND TIME OF LAST DOSE _____

NAME OF PHYSICIAN OR AUTHORIZED PERSON ORDERING TEST

(Last) _____ (First) _____

Phone: _____ Pager: _____

Name: LAST FIRST M.I.		
Hospital		
Hospital Identification Number	Sex (M/F)	Date of Birth (mm/dd/yy)

Blood Center use only
Place log label here

Contact Person: _____ Phone: _____

SEND REPORT TO: Fax number: _____

Name: _____

Street: _____

City, State, Zip: _____

SEND BILL TO (if different than above):

Name: _____

Street: _____

City, State, Zip: _____

If the sample is from an individual other than the affected patient:

Patient Name: _____

Relationship to the Patient: _____

921 Terry Avenue, Seattle, WA 98104: CLIA Number: 50D1014714 Washington Medical Test Site Number: MTSC.FS.00004341

1551 Eastlake Avenue East, Seattle, WA 98102: CLIA Number: 50D2039193 Washington Medical Test Site Number: MTSC.FS.60281712

TESTS IN THE HEMOSTASIS PROFILES

Order only those tests that are medically necessary. Tests may be ordered individually.

Abnormal PT or APTT Reflexive

Evaluation Profile

PT (3200-04)
APTT (3200-05)
Thrombin Time (3200-02)
Fibrinogen Activity (3200-08)

Additional assays will be performed as indicated

Intrinsic Factor (abnormal APTT)

Evaluation Profile

PT (3200-04)
APTT (3200-05)
Factor VIII Activity (3210-13)
Factor IX Activity (3210-14)
Factor XI Activity (3210-16)
Factor XII Activity (3210-17)

Extrinsic Factor (abnormal PT)

Evaluation Profile

PT (3200-04)
APTT (3200-05)
Factor II Activity (3210-10)
Factor V Activity (3210-11)
Factor VII Activity (3210-12)
Factor X Activity (3210-15)

Bleeding Diathesis with a Normal

APTT/PT Profile

APTT (3200-05)
PT (3200-04)
Factor VIII Activity (3210-13)
Factor IX Activity (3210-14)
Factor XI Activity (3210-16)
VWD Profile
Factor XIII Screen (3200-07)
D-Dimer quantitative (3210-27)
FDP (3210-06)
Antiplasmin (3230-04)
Fibrinogen Activity (3200-08)

DIC Panel

APTT (3200-05), PT (3200-04)
Fibrinogen Activity (3200-08)
D-dimer quantitative (3210-27)
FDP (3210-06)

Factor VIII Inhibitor Profile

APTT (3200-05)
APTT 1:1 Mix x2 (3200-10)
(Includes incubated mix if indicated)
Factor VIII Activity (3210-13)
Factor VIII Inhibitor Titer (3220-02)

Factor Inhibitor non-Factor VIII Profile

PT (3200-04)
APTT (3200-05)
Other Factor Inhibitor Titer (3220-02)
Specific Factor Activity

Fibrinogen Evaluation Profile

Fibrinogen Activity (3200-08)
Reptilase Time (3200-11)
Thrombin Time (3200-02)

Fibrinolysis Evaluation Profile

Abnormal PT or APTT Reflexive Evaluation Profile
Antiplasmin (3230-04)
D-dimer quantitative (3210-27)
Fibrinogen Degradation Prod. (FDP) (3210-06)

Lupus Anticoagulant Profile

PT (3200-04) APTT (3200-05)
dRVVT Screen (3220-07)
(Abnormal results reflex to following tests as indicated)
Thrombin Time (3200-02)
STACLOT-LA (Hexagonal PL) (3220-06)
dRVVT Confirm (3220-08)

Complete Platelet Aggregation Profile

Platelet Function Assay (PFA) Profile
Platelet Aggregation Studies and Release (3240-01)

Selected agonists are run with the following special aggregation panels and do not include the PFA profile

- **RIPA-** 3 concentrations of Ristocetin (3240-04)
- **Clopidogrel/Prasagril Resistance Panel-** High and low dose ADP concentrations, Arachidonic Acid, High dose Collagen (3240-05)
- **Aspirin Resistance panel-** High dose ADP, Arachidonic Acid, High dose Collagen (3240-06)

Platelet Function Assay (PFA) Profile

Platelet Count (3200-06)
PFA Epinephrine/Collagen (3245-01)
PFA ADP/Collagen (3245-02)

Thrombosis Genetic Risk Profile

Factor V Leiden (3250-03)
Factor II Prothrombin Mutation (3250-04)

VWD Profile

APTT (3200-05)
Factor VIII Activity (3210-13)
VWF Activity by Ristocetin Cofactor (3210-03)
VWF Antigen (3210-20)
VWF Collagen Binding (3210-26)
(Included if VWF: Antigen is borderline normal or low).
VWF Multimers (3210-24) **(If indicated).**

Note: If the APTT is prolonged and the factor VIII is normal, this panel reflexes to an APTT Reflexive Evaluation Profile

HEMOSTASIS REFERENCE LABORATORY (206) 689-6594

SAMPLE COLLECTION REQUIREMENTS

All coagulation testing is done using platelet-poor plasma from 3.2% sodium citrate collection tubes. Send two 5 ml or three 3 ml sodium citrate whole blood tubes. The sample should be kept at Room Temperature (15-25°C) and received by the BloodworksNW, 921 Terry Avenue location, within 3 hours after collection between the hours of 8am to 3pm Monday through Friday (excluding holidays). **See special notes for PFA, Platelet Aggregation and DNA samples.**

If this is not possible: Centrifuge tubes at 1500g for 15 minutes and remove the plasma and centrifuge a second time at 1500g for 15 minutes. Place approximately 1 ml of plasma into plastic tubes, freeze and send on dry ice. The minimum requirements are two (2) plasma tubes with at least 0.5 ml of plasma in each tube. Do not send more than 6 aliquots. When appropriate, sample integrity testing will be performed. This usually includes an APTT and possibly a PT.

Notes: (1) *Insufficient sample tubes will negatively affect turn-around time.* (2) *Therapeutic anticoagulation interferes with most kinetic (but not DNA) tests. Care should be taken to obtain samples on the opposite arm from the IV site or from an adequately flushed port site. If a sample is found to contain Heparin, it may be necessary to remove it and charge for an APTT Post-Heparin Removal.*

PFA and Platelet Aggregation:

Platelet Aggregations cannot be collected outside our facility and require the patient to visit BloodworksNW where the samples will be drawn. PFAs only, may be sent if prior arrangements have been made. Call the Hemostasis Reference Laboratory for details on how to send a PFA or to schedule an appointment with the technologist.

DNA Laboratory Samples:

DNA mutation testing requires at least **5 ml EDTA whole blood (purple top)**. The sample must arrive at the Blood Center within **48 hours after collection** ship preferably with a "cool pack." Samples may be sent via overnight express, addressed to BloodworksNW, ATTN: Eastlake SDL, 1551 Eastlake Ave E., Seattle WA 98102. Samples arriving **after 1pm on Friday** are not acceptable. Samples should not be shipped on Fridays or government recognized holidays.