

HEMOSTASIS REFERENCE LABORATORY

Laboratory staffed for Questions 8:00am-4:30pm, Monday-Friday

921 Terry Ave, Seattle, WA 98104

Phone: (206) 689-6594

Fax (206) 689-8382

Website: <https://www.bloodworksnw.org>

PROFILES – (See next page for specific tests)

- | | |
|---------------------------------------------------------------------------------|-----------------------------------------------------------------|
| <input type="checkbox"/> Abnormal PT or APTT Reflexive Evaluation | <input type="checkbox"/> Intrinsic Factor Evaluation |
| <input type="checkbox"/> Bleeding Diathesis with a Normal APTT/PT | <input type="checkbox"/> Lupus Anticoagulant |
| <input type="checkbox"/> DIC Panel | Platelet Aggregation (select one)* |
| <input type="checkbox"/> Extrinsic Factor Evaluation | <input type="checkbox"/> Complete Profile |
| <input type="checkbox"/> Fibrinogen Evaluation | <input type="checkbox"/> RIPA (Evaluation for VWD 2B) |
| <input type="checkbox"/> Fibrinolysis Evaluation | <input type="checkbox"/> Clopidogrel/Prasagril Resistance Panel |
| <input type="checkbox"/> Factor VIII Inhibitor | <input type="checkbox"/> Aspirin Resistance panel |
| <input type="checkbox"/> Factor IX Inhibitor | <input type="checkbox"/> Platelet Function Assay (PFAs)* |
| <input type="checkbox"/> Factor Inhibitor (other than Factor VIII or Factor IX) | <input type="checkbox"/> Thrombosis Genetic Risk |
| Specify Factor _____ | <input type="checkbox"/> Von Willebrand Disease (VWD) |

INDIVIDUAL TESTS- (See next page for specimen requirements)

- | | |
|--------------------------------------------------------------------------------------|-------------------------------------------------------------------------|
| 3260-01 <input type="checkbox"/> ADAMTS 13 Activity (performed in Platelet lab) | 3210-10 <input type="checkbox"/> Factor II Activity |
| 3260-02 <input type="checkbox"/> ADAMTS 13 Inhibitor (performed in Platelet lab) | 3210-11 <input type="checkbox"/> Factor V Activity |
| 3260-03 <input type="checkbox"/> ADAMTS 13 Antibody (performed in Platelet lab) | 3210-12 <input type="checkbox"/> Factor VII Activity |
| 3230-04 <input type="checkbox"/> Antiplasmin | 3210-18 <input type="checkbox"/> Factor VIII Activity |
| 3200-05 <input type="checkbox"/> APTT (Abnormals reflex to 1:1 mix) | <input type="checkbox"/> 3210-13 one stage requested |
| 3200-10 <input type="checkbox"/> APTT 1:1 Mix (may reflex to incubated mix) | 3210-14 <input type="checkbox"/> Factor IX Activity |
| 3200-05 <input type="checkbox"/> APTT (Post-Heparin Removal)* | 3210-31 <input type="checkbox"/> Factor IX Activity – Pathromtin SL |
| 3210-27 <input type="checkbox"/> D-dimer (quantitative) | 3210-15 <input type="checkbox"/> Factor X Activity |
| 3220-07 <input type="checkbox"/> dRVVT Screen (reflexes to dRVVT Confirm Ratio) | 3210-16 <input type="checkbox"/> Factor XI Activity |
| 3220-08 <input type="checkbox"/> dRVVT Confirm Ratio | 3210-17 <input type="checkbox"/> Factor XII Activity |
| 3210-06 <input type="checkbox"/> FDP in Plasma (semi-quantitative) | 3200-07 <input type="checkbox"/> Factor XIII Screen |
| 3200-08 <input type="checkbox"/> Fibrinogen Activity | 3210-20 <input type="checkbox"/> VWF Antigen ** |
| 3245-01 <input type="checkbox"/> Platelet Function Assay (PFA) Epinephrine/Collagen* | 3210-03 <input type="checkbox"/> VWF Activity by Ristocetin Cofactor ** |
| 3245-02 <input type="checkbox"/> Platelet Function Assay (PFA) ADP/Collagen* | 3210-26 <input type="checkbox"/> VWF Collagen Binding** |
| 3200-04 <input type="checkbox"/> Prothrombin Time (Abnormals reflex to 1:1 mix) | 3210-24 <input type="checkbox"/> VWF Multimers** |
| 3200-11 <input type="checkbox"/> Reptilase Time | <input type="checkbox"/> Other: _____ |
| 3220-06 <input type="checkbox"/> STACLOT-LA (Hexagonal PL) | |
| 3200-02 <input type="checkbox"/> Thrombin Time (Abnormals reflex to 1:1 mix) | |

Note: * See Sample Collection Requirements
 ** Von Willebrand profile must be ordered

DNA TESTING- (See back for shipping instructions)

Submitting laboratory is responsible for obtaining consent for genetic testing per state law. **New York State Patients only:** Check the box confirming consent was obtained.

- | | |
|--------------------------------------------------------------------------------|---------------------------------------------------------------------------|
| 3250-04 <input type="checkbox"/> DNA/Factor II (Prothrombin) Mutation | 3250-02 <input type="checkbox"/> DNA Hemophilia A Mutation Evaluation |
| 3250-03 <input type="checkbox"/> DNA/Factor V Leiden (APC Resistance) Mutation | 3250-10 <input type="checkbox"/> DNA Hemophilia B Mutation Evaluation |
| 3250-05 <input type="checkbox"/> DNA/Factor VIII Inversion | 3250-08 <input type="checkbox"/> DNA von Willebrand Disease Type 2A/2B/2M |
| 3250-11 <input type="checkbox"/> Genotyping for known Hemophilia/VWD Mutation | 3250-09 <input type="checkbox"/> DNA von Willebrand Disease Type 2N |

SPECIMEN INFORMATION: Fill in ALL of Fields Below

Collection Date: DATE ____/____/____ TIME _____ am pm

Drawn By: _____

History/Comments/Special instructions _____

Diagnosis/Purpose of Testing: _____

ICD10 Code _____

Medication: Heparin Coumadin Aspirin Dabigatran Rivaroxaban Apixaban

Other _____ Date and Time of Last Dose _____

PATIENT NAME:

LAST			FIRST			M.I.		
Hospital								
Medical Record #			Sex (M/F)			Date of Birth (mm/dd/yy)		

PHYSICIAN NAME or authorized person ordering test

Last _____ First _____

Phone _____ Pager: _____

Contact Person _____ Phone _____

SEND REPORT TO:

Fax: _____

Name: _____

Street: _____

City, State, Zip: _____

SEND BILL TO (if different than above):

Name _____

Street: _____

City, State, Zip _____

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

Affected person's name: _____

Relationship to the Patient: _____

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

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SPECIMEN 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 specimen 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, specimen integrity testing will be performed. This usually includes an APTT and possibly a PT.

Notes: (1) Insufficient specimen tubes will negatively affect turn-around time. (2) Therapeutic anticoagulation interferes with most kinetic (but not DNA) tests. Care should be taken to obtain specimen on the opposite arm from the IV site or from an adequately flushed port site. If a specimen 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 specimens 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 specimen 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. Specimens should not be shipped on Fridays or government recognized holidays.