

**Hemostasis Reference Laboratory**

921 Terry Ave. | Seattle, WA 98104

Phone 206-689-6594 | Fax 206-689-8382

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

**PROFILES – (See next page for specific tests)**

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

**INDIVIDUAL TESTS- (See next page for specimen requirements)**

- |   |   |
|---|---|
| 3260-01 <input type="checkbox"/> ADAMTS 13 Testing ( <i>performed in Platelet lab</i> ) | 3210-10 <input type="checkbox"/> Factor II Activity   |
| 3230-04 <input type="checkbox"/> Antiplasmin  | 3210-11 <input type="checkbox"/> Factor V Activity  |
| 3200-05 <input type="checkbox"/> aPTT (Abnormals reflex to 1:1 mix)                     | 3210-12 <input type="checkbox"/> Factor VII Activity  |
| 3200-10 <input type="checkbox"/> aPTT 1:1 Mix (may reflex to incubated mix)             | 3210-18 <input type="checkbox"/> Factor VIII Activity<br><input type="checkbox"/> 3210-13 one stage requested |
| 3200-05 <input type="checkbox"/> aPTT (Post-Heparin Removal)*                           | 3210-14 <input type="checkbox"/> Factor IX Activity   |
| 3210-27 <input type="checkbox"/> D-dimer (quantitative)                                 | 3210-31 <input type="checkbox"/> Factor IX Activity – Pathromtin SL   |
| 3220-07 <input type="checkbox"/> dRVVT Screen (reflexes to dRVVT Confirm Ratio)         | 3210-15 <input type="checkbox"/> Factor X Activity  |
| 3220-08 <input type="checkbox"/> dRVVT Confirm Ratio                                    | 3210-16 <input type="checkbox"/> Factor XI Activity   |
| 3210-06 <input type="checkbox"/> FDP in Plasma (semi-quantitative)                      | 3210-17 <input type="checkbox"/> Factor XII Activity  |
| 3200-08 <input type="checkbox"/> Fibrinogen Activity                                    | 3200-07 <input type="checkbox"/> Factor XIII Screen   |
| 3245-01 <input type="checkbox"/> Platelet Function Assay (PFA) Epinephrine/Collagen*    | 3210-34 <input type="checkbox"/> Factor XIII Activity (quantitative)  |
| 3245-02 <input type="checkbox"/> Platelet Function Assay (PFA) ADP/Collagen*            | 3210-20 <input type="checkbox"/> VWF Antigen **   |
| 3200-04 <input type="checkbox"/> Prothrombin Time (Abnormals reflex to 1:1 mix)         | 3210-03 <input type="checkbox"/> VWF Activity by Ristocetin Cofactor **                                       |
| 3200-11 <input type="checkbox"/> Reptilase Time   | 3210-26 <input type="checkbox"/> VWF Collagen Binding**   |
| 3220-06 <input type="checkbox"/> STACLOT-LA (Hexagonal PL)                              | 3210-24 <input type="checkbox"/> VWF Multimers**  |
| 3200-02 <input type="checkbox"/> Thrombin Time (Abnormals reflex to 1:1 mix)            | <input type="checkbox"/> Other: _____   |

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  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.

For current test descriptions and CPT codes visit <https://www.bloodworksnw.org/labs/tests>.

## 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 (3210-18)  
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 (3210-18)  
Factor IX Activity (3210-14)  
Factor XI Activity (3210-16)  
VWD Profile  
Factor XIII Screen (3210-34)  
D-Dimer quantitative (3210-27)  
FDP (3210-06)  
Antiplasmin (3230-04)  
Fibrinogen Activity (3200-08)

## 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 (3220-22)

## Factor Inhibitor Profile (non-Factor VIII)

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)  
STACLOT-LA (Hexagonal PL) (3220-06)  
**(Abnormal results reflex to following tests as indicated)**  
Thrombin Time (3200-02)  
dRVVT Confirm (3220-08)

## DIC Panel

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

## 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)**

## 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 (3210-18)  
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

### 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.