

# HEMOSTASIS - TEST REQUISITION FORM

SAMPLES MUST BE RECEIVED MONDAY - FRIDAY

## PATIENT INFORMATION (STICKER ALSO ACCEPTABLE)

Last Name	First Name	Middle Name (or Initial)	DOB (MM/DD/YYYY)	Legal Sex
_____	_____	_____	_____	<input type="checkbox"/> F <input type="checkbox"/> M
Medical Record #	Collection Date (MM/DD/YYYY)	Collection Time (HH:MM)	Diagnosis or Reason for testing	
_____	_____	_____	_____	

## TEST SELECTION

Test Name	Test Code	Volume/Type	Number of aliquots (min. plasma volume for each aliquot)
<input type="checkbox"/> ACTIVATED PROTEIN C RESISTANCE (APCR)	8614750	2.7 mL Na Citrate – freeze plasma w/in 4 hours	1 (0.5 mL)
<input type="checkbox"/> ANTICARDIOLIPIN ANTIBODY (IgG, IgM) PROFILE	2800580	2.7 mL Na Citrate – freeze plasma w/in 4 hours	1 (0.5 mL)
<input type="checkbox"/> ANTIPHOSPHOLIPID ANTIBODY PROFILE	2800590	4.5 mL Na Citrate – freeze plasma w/in 4 hours	2 (0.75 mL)
<input type="checkbox"/> ANTIPLASMIN	4302902	2.7 mL Na Citrate – freeze plasma w/in 4 hours	1 (0.5 mL)
<input type="checkbox"/> BETA 2 GLYCOPROTEIN 1 ANTIBODY (IGG, IGM) PROFILE	7491301	2.7 mL Na Citrate – freeze plasma w/in 4 hours	1 (0.5 mL)
<input type="checkbox"/> C3a	7453041	3 mL EDTA – freeze plasma w/in 2 hours	1 (0.5 mL)
<input type="checkbox"/> C5a	7453044	3 mL EDTA – freeze plasma w/in 2 hours	1 (0.5 mL)
<input type="checkbox"/> CD46/MEMBRANE COFACTOR PROTEIN (by flow cytometry) <i>Note: Send whole blood at room temperature for next day delivery</i>	7314369	3 mL ACD (A or B) – whole blood room temp, next day delivery. Samples only accepted Monday – Friday (no holidays)	N/A
<input type="checkbox"/> CHROMOGENIC FACTOR VIII (8) ACTIVITY	11785732	2.7 mL Na Citrate – freeze plasma w/in 4 hours	1 (0.5 mL)
<input type="checkbox"/> CHROMOGENIC FACTOR VIII (8) INHIBITOR PROFILE (for patients on emicizumab therapy)	11785735	4.5 mL Na Citrate – freeze plasma w/in 4 hours 2.7 mL Na Citrate – freeze plasma w/in 4 hours	2 (0.5 and 1.0 mL)
<input type="checkbox"/> CHROMOGENIC FACTOR X (10) QUANTITATION	5914262	2.7 mL Na Citrate – freeze plasma w/in 4 hours	1 (0.5 mL)
<input type="checkbox"/> HEPARIN INDUCED PLATELET ANTIBODY (HIPA)	2800710	2.7 mL Na Citrate – freeze plasma w/in 4 hours	1 (0.5 mL)
<input type="checkbox"/> FIBRINOLYTIC PROFILE	CBDI002	4.5 mL Na Citrate – freeze plasma w/in 4 hours	2 (0.5 mL)
<input type="checkbox"/> INHIBITOR QUANTITATION PROFILE: CHECK FACTOR <input type="checkbox"/> VII <input type="checkbox"/> VIII <input type="checkbox"/> IX <input type="checkbox"/> VWD <i>PT/Mixed PT or aPTT/Mixed aPTT will be performed as needed</i>	CBDI001	4.5 mL Na Citrate – freeze plasma w/in 4 hours 2.7 mL Na Citrate – freeze plasma w/in 4 hours	2 (0.5 and 1.0 mL)
<input type="checkbox"/> LUPUS ANTICOAGULANT PROFILE	2800620	2.7 mL Na Citrate – freeze plasma w/in 4 hours	2 (0.5 mL)
<input type="checkbox"/> PLASMINOGEN	3000270	2.7 mL Na Citrate – freeze plasma w/in 4 hours	1 (0.5 mL)
<input type="checkbox"/> PLASMINOGEN ACTIVATOR INHIBITOR (PAI-1) PROFILE	2800560	2.7 mL Na Citrate – freeze plasma w/in 4 hours	1 (0.5 mL)
<input type="checkbox"/> PROTEIN C PROFILE	2800530	2.7 mL Na Citrate – freeze plasma w/in 4 hours	1 (0.5 mL)
<input type="checkbox"/> PROTEIN C ACTIVITY	11719905	2.7 mL Na Citrate – freeze plasma w/in 4 hours	1 (0.5 mL)
<input type="checkbox"/> PROTEIN S PROFILE	2800520	2.7 mL Na Citrate – freeze plasma w/in 4 hours	1 (0.5 mL)
<input type="checkbox"/> REPTILASE TIME	3000150	2.7 mL Na Citrate – freeze plasma w/in 4 hours	1 (0.5 mL)
<input type="checkbox"/> SC5b-9 (MAC) ASSAY	7304502	3 mL EDTA - freeze plasma w/in 2 hours	1 (0.5 mL)
<input type="checkbox"/> THROMBOTIC PROFILE	2800540	4.5 mL Na Citrate – freeze plasma w/in 4 hours	2 (0.5 mL)
<input type="checkbox"/> vWF ACTIVITY	5311846	2.7 mL Na Citrate – freeze plasma w/in 4 hours	1 (0.5 mL)
<input type="checkbox"/> vWF ANTIGEN	2800271	2.7 mL Na Citrate – freeze plasma w/in 4 hours	1 (0.5 mL)
<input type="checkbox"/> vWF PROFILE (WITH MULTIMERS)	Multiple	4.5 mL Na Citrate – freeze plasma w/in 4 hours	4 (0.5 mL)
<input type="checkbox"/> Other: _____			

Each Test ordered needs the required number/volume of aliquots in order for testing to be performed.

### REFERRING PHYSICIAN

Physician Name (print): \_\_\_\_\_  
Phone: (\_\_\_\_) \_\_\_\_\_ Fax: (\_\_\_\_) \_\_\_\_\_  
Email: \_\_\_\_\_  
\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Referring Physician Signature \_\_\_\_\_ Date \_\_\_\_\_

### BILLING INFORMATION

We do not bill patients or their insurance. Testing will not be performed without appropriate billing information.  
Institution: \_\_\_\_\_  
Address: \_\_\_\_\_  
City/State/ZIP: \_\_\_\_\_  
Phone: (\_\_\_\_) \_\_\_\_\_

**Laboratory Hours:**

- The laboratory operates Monday through Friday, 8:00 am to 4:30 pm (Eastern Standard Time).
- We cannot accept deliveries on Saturdays/Sundays and certain holidays.

**Collection Information:**

- Processing Instructions: For all assays, except CD46, process citrated plasma within 4 hours of collection or EDTA plasma within 2 hours of collection. Ship plasma frozen on dry ice. Samples must be received Monday-Friday only.
- Call for consolidation of volumes if ordering multiple tests.

**Billing / Shipping / Handling**

- The institution sending the sample is responsible for payment in full.
- Plasma samples should be separated and frozen within 4 hours of collection and sent on dry ice, unless otherwise indicated. Package securely to avoid breakage and extreme weather conditions. Please include a completed copy of our test requisition form with each patient.
- Please call the laboratory with the name of the courier and the tracking number of the package.

**Questions?**

Collection/Testing: Call 513-803-3503      Billing/Shipping: Call 513-636-4685      Email: CBDILabs@cchmc.org

Panel Name	Test Code(s)	Result Components Included
Anticardiolipin Antibody Profile	2800580	Anti-cardiolipin IgG Antibody Anti-cardiolipin IgM Antibody
Antiphospholipid Antibody Profile	2800590	Dilute Russell's Viper Venom Time (DRVVT) Hexagonal Phase Neutralization Procedure (HPNP) aPTT Factor Sensitive/aPTT Mixed Factor Sensitive aPTT Lupus Sensitive/aPTT Mixed Lupus Sensitive TT Anti-cardiolipin IgG antibody Anti-cardiolipin IgM antibody Anti-Beta 2 Glycoprotein 1 IgG antibody Anti-Beta 2 Glycoprotein 1 IgM antibody
Beta 2 Glycoprotein 1 Antibody Profile	7491301	Anti-Beta 2 Glycoprotein 1 IgG Antibody Anti-Beta 2 Glycoprotein 1 IgM Antibody
Chromogenic Factor VIII (8) Inhibitor Profile (for patients on emicizumab therapy)	11785735	Chromogenic Factor VIII (8) Activity Chromogenic Factor VIII (8) Inhibitor Quantitation
Fibrinolytic Profile	28500560 4302902 3000270	PAI-1 Activity & PAI-1 Antigen Alpha-2 Antiplasmin Plasminogen
Inhibitor Quantitation Profile MUST specify a factor	Dependent upon factor selected	PT/Mixed PT (3030115/3000120) PTT/Mixed PTT (3000105/3000110) Factor VII (3000175), Factor VIII (3000180), Factor IX (3000185), or vWD Factor (6002000) Inhibitor Quant/Modified Inhibitor Quant
Lupus Anticoagulant Profile	2800620	DRVVT HPNP TT aPTT Lupus Sensitive/Mixed Lupus Sensitive aPTT Factor Sensitive/Mixed Factor Sensitive
Plasminogen Activator Inhibitor (PAI-1) Profile	2800560	PAI-1 Activity PAI-1 Antigen
Protein C Profile	2800530	Protein C, Clottable Protein C, Chromogenic Protein C, Antigen
Protein S Profile	2800520	Protein S, Clottable Protein S, antigen, total Protein S, antigen, free
Thrombotic Profile	5310169 3000180 3000105 2800540	Antithrombin III Factor VIII Activity aPTT (if Factor VIII is ≤40) Activated Protein C Resistance (APCR) Protein C, Clottable Protein C, Chromogenic Protein C, Antigen Protein S, Clottable Protein S, antigen, total Protein S, antigen, free
vWF Profile (with Multimers)	2800570 3000180 3000105	vWF Activity, vWF Antigen, vWF Multimer Factor VIII Activity aPTT (if Factor VIII ≤40)