



HEMOSTASIS & THROMBOSIS LABORATORY

Phone: 513-636-4685 | Fax: 513-636-3861

Email: CBDILabs@cchmc.org
cincinnatichildrens.org/HTL

Ship to:
CCHMC—CBDI Laboratories
DIL—RM R2328
3333 Burnet Ave.
Cincinnati, OH 45229-3039

HEMOSTASIS TEST REQUISITION FORM

Patient Demographics (all fields required, sticker also acceptable)

SAMPLES MUST BE RECEIVED MONDAY – FRIDAY

Last Name _____ First Name _____ Middle Name (or initial) _____ DOB (MM/DD/YYYY) _____ Legal Sex _____
F M

Medical Record #: _____ Collection Date (MM/DD/YYYY) _____ Collection Time (HH:MM) _____ Diagnosis or Reason for testing _____

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

Test Name	Test Code	Volume/Type	Number of aliquots <small>(min. plasma volume for each aliquot)</small>
ACTIVATED PROTEIN C RESISTANCE (APCR)	8614750	2.7 mL Na Citrate – freeze plasma w/in 4 hours	1 (0.5 mL)
ANGIOPOIETIN-2	LAB00232	5ml Gold or Red top – freeze serum w/in 4 hours	1 (0.5 mL)
ANTICARDIOLIPIN ANTIBODY (IgG, IgM) PROFILE	2800580	2.7 mL Na Citrate – freeze plasma w/in 4 hours	1 (0.5 mL)
ANTIPHOSPHOLIPID ANTIBODY REFLEX PANEL	2800590	2-2.7 mL Na Citrate – freeze plasma w/in 4 hours	3 (0.75 mL)
BETA 2 GLYCOPROTEIN 1 ANTIBODY (IGG, IGM) PROFILE	7491301	2.7 mL Na Citrate – freeze plasma w/in 4 hours	1 (0.5 mL)
C3a	7453041	3 mL EDTA – freeze plasma w/in 2 hours	1 (0.5 mL)
C5a	7453044	3 mL EDTA – freeze plasma w/in 2 hours	1 (0.5 mL)
CHROMOGENIC FACTOR X (10) QUANTITATION	5914262	2.7 mL Na Citrate – freeze plasma w/in 4 hours	1 (0.5 mL)
CHROMOGENIC FACTOR VIII (8) QUANTITATION <small>(for patients on emicizumab)</small>	11785732	2.7 mL Na Citrate – freeze plasma w/in 4 hours	1 (0.5 mL)
CHROMOGENIC FACTOR VIII (8) INHIBITOR QUANTITATION <small>(for patients on emicizumab)</small>	11785735	2-2.7 mL Na Citrate – freeze plasma w/in 4 hours	2 (0.5 and 1.0 mL)
FACTOR XIII ACTIVITY BY CHEMILUMINESCENCE	LAB00479	2.7 mL Na Citrate-freeze plasma w/in 4 hours	1 (0.5 mL)
INHIBITOR QUANTITATION PROFILE: CHECK FACTOR VII VIII IX X VWD <small>PT/Mixed PT or aPTT/Mixed aPTT will be performed as needed</small>	CBDI001	3-2.7 mL Na Citrate – freeze plasma w/in 4 hours	3 (0.75 mL)
LUPUS ANTICOAGULANT SCREEN REFLEX PANEL	2800620	2.7 mL Na Citrate – freeze plasma w/in 4 hours	3 (0.75 mL)
PLASMINOGEN	3000270	2.7 mL Na Citrate – freeze plasma w/in 4 hours	1 (0.5 mL)
PROTEIN C PROFILE	2800530	2.7 mL Na Citrate – freeze plasma w/in 4 hours	1 (0.5 mL)
PROTEIN C ACTIVITY	11719905	2.7 mL Na Citrate – freeze plasma w/in 4 hours	1 (0.5 mL)
PROTEIN S PROFILE	2800520	2.7 mL Na Citrate – freeze plasma w/in 4 hours	1 (0.5 mL)
FREE PROTEIN S ANTIGEN	LAB00407	2.7 mL Na Citrate – freeze plasma w/in 4 hours	1 (0.5 mL)
REPTILASE TIME	3000150	2.7 mL Na Citrate – freeze plasma w/in 4 hours	1 (0.5 mL)
RIVAROXABAN DIXAL	LAB00556	2.7 mL Na Citrate – freeze plasma w/in 4 hours	1 (0.5 mL)
SC5b-9 (MAC) ASSAY	7304502	3 mL EDTA – freeze plasma w/in 2 hours	1 (0.5 mL)
THROMBOTIC PROFILE	2800540	2-2.7 mL Na Citrate – freeze plasma w/in 4 hours	3 (0.5 mL)
vWF Gp1bm ACTIVITY	LAB00648	2.7 mL Na Citrate – freeze plasma w/in 4 hours	1 (0.5 mL)
vWF ANTIGEN	2800271	2.7 mL Na Citrate – freeze plasma w/in 4 hours	1 (0.5 mL)
vWF PROFILE (WITH MULTIMERS)	Multiple	3-2.7 mL Na Citrate – freeze plasma w/in 4 hours	4 (0.5 mL)
Other: _____			

REFERRING PHYSICIAN

Physician Name (print): _____
 Phone: (____) _____ Fax: (____) _____
 Email: _____
 Date: ____/____/____
 Referring Physician Signature _____

BILLING & REPORTING INFORMATION

We do not bill patients or their insurance. Provide billing information here or on page 2.
 Institution: _____
 Address: _____
 City/State/ZIP: _____
 Phone: (____) _____ Fax: (____) _____

SEE PAGE 2 FOR ADDITIONAL INFORMATION AND PROFILE DESCRIPTIONS

FOR LABORATORY USE ONLY Received by: _____

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 or serum within 4 hours of collection or EDTA plasma within 2 hours of collection. Ship plasma or serum 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 or serum 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 Reflex Panel	2800590	Lupus Sensitive aPTT Normalized DRVVT screen Factor Sensitive aPTT Anti-cardiolipin IgG/ IgM antibody Anti-Beta 2 Glycoprotein IgG/ IgM antibody Anti-phospholipid antibody syndrome interpretation	Reflex Testing: additional charges apply: Mixed Lupus Sensitive aPTT Normalized Mixed DRVVT screen Normalized DRVVT Confirm Hexagonal Phase Neutralization Procedure Mixed Factor Sensitive aPTT Thrombin Time
Beta 2 Glycoprotein 1 Antibody Profile	7491301	Anti-Beta 2 Glycoprotein 1 IgG Antibody Anti-Beta 2 Glycoprotein 1 IgM Antibody	
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), Factor X (3000190), or vWD Factor (6002000) Inhibitor Quant/Modified Inhibitor Quant	
Lupus Anticoagulant Screen Reflex Panel	2800620	Lupus Sensitive aPTT, Normalized DRVVT screen, Factor Sensitive aPTT Lupus anticoagulant interpretation	Reflex Testing: additional charges apply: Mixed Lupus Sensitive aPTT Normalized Mixed DRVVT screen Normalized DRVVT Confirm Hexagonal Phase Neutralization Procedure Mixed Factor Sensitive aPTT Thrombin Time
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 2800540	Antithrombin III Factor VIII Activity 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	vWF Gp1bm Activity, vWF Antigen, vWF Multimer Factor VIII Activity	