

# Hemostasis Reference Lab

Phone: 800-245-3117 x6250 | Fax 414-937-6184



NOTE: Versiti does NOT bill patients or insurance. Test orders must be placed through a medical facility that has an account with Versiti. Client # required.

Ordering Institution Information			
Person Completing Requisition:		Physician/Provider:	
Institution:			Client #:
Dept:		Address:	
City:		State:	Zip Code:
Phone (Lab):		Provider Contact (phone/email):	
Special Reporting Requests:			PO #:
Is testing for outpatient Medicare enrollee or Wisconsin Medicaid recipient? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please complete the beneficiary form located at <a href="https://versiti.org/products-services/requisitions">https://versiti.org/products-services/requisitions</a> and submit with this requisition.			
Patient Information			
Last Name:		First Name:	MI:
MR#:		Accession #:	DOB:
Draw Date:		Draw Time:	
Biologic Sex/Sex Assigned at Birth: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other		Clinical Diagnosis:	
Specimen Information			
Specimen Type:		Citrated Blood	
<input type="checkbox"/> Citrated Plasma	<input type="checkbox"/> EDTA Blood (K2)	<input type="checkbox"/> Serum (red top)	<input type="checkbox"/> Citrated Blood
Test Orders <small>PLEASE COMPLETE HISTORY AND MEDICATION LIST ON REVERSE SIDE FOR AN INTERPRETATION</small>			
Bleeding Disorders			
Hemophilia			
<input type="checkbox"/> Factor VIII Activity-Chromogenic (1135)		<input type="checkbox"/> Factor VIII Activity Hepzyme Treated-Chromogenic (1136)	
<input type="checkbox"/> Factor VIII Inhibitor (1137)		<input type="checkbox"/> Factor VIII Inhibitor Hepzyme Treated (1138)	
<input type="checkbox"/> Factor VIII Activity-Clot Based (1081)		<input type="checkbox"/> Factor VIII Activity Hepzyme Treated-Clot Based <sup>1</sup> (1082)	
Is the patient on emicizumab? <input type="checkbox"/> yes <input type="checkbox"/> no		Is the patient on emicizumab? <input type="checkbox"/> yes <input type="checkbox"/> no	
<input type="checkbox"/> Porcine Factor VIII Inhibitor Profile (1086) <sup>2</sup>		<input type="checkbox"/> Porcine Factor VIII Inhibitor Profile-Hepzyme Treated (1084) <sup>2</sup>	
<input type="checkbox"/> Factor IX Activity (1091)		<input type="checkbox"/> Factor IX Inhibitor (1095)	
<input type="checkbox"/> Factor IX Activity-Hepzyme Treated <sup>1</sup> (1093)		<input type="checkbox"/> Factor IX Inhibitor-Hepzyme Treated (1094)	
von Willebrand Disease			
<b>Evaluations and Profiles:</b>			
<input type="checkbox"/> VWD Diagnostic Evaluation <sup>2</sup> (1800) <i>Follows reflexive algorithm</i>		<input type="checkbox"/> VWF Collagen Binding Profile <sup>2</sup> (1279)	
<input type="checkbox"/> VWD Type 2B Evaluation <sup>2</sup> (1067)		<input type="checkbox"/> VWD Type 2N Profile <sup>2</sup> (1088)	
<b>Individual Tests:</b>			
<input type="checkbox"/> VWF Antigen (1062)	<input type="checkbox"/> VWF Quantitative Multimer (1063)	<input type="checkbox"/> VWF Collagen III Binding (1281)	<input type="checkbox"/> VWD Type 2N (1089)
<input type="checkbox"/> VWF GP1bM Activity <sup>1</sup> (1070)	<input type="checkbox"/> VWF Propeptide Antigen (1282)	<input type="checkbox"/> VWF Collagen IV Binding (1280)	<input type="checkbox"/> VWF Inhibitor Profile (1065)
<input type="checkbox"/> Anti-VWF Antibody IgG and IgM (1056)			
Special Coagulation			
<input type="checkbox"/> Arixtra® (Fondaparinux) Level (1009)		<input type="checkbox"/> Factor VII Activity (1071)	
<input type="checkbox"/> Factor II Activity (1021)		<input type="checkbox"/> Factor VII Inhibitor (1075)	
<input type="checkbox"/> Factor II Inhibitor (1025)		<input type="checkbox"/> Factor X Activity (1101)	
<input type="checkbox"/> Factor V Activity (1051)		<input type="checkbox"/> Factor X Inhibitor (1105)	
<input type="checkbox"/> Factor V Inhibitor (1055)		<input type="checkbox"/> Factor XI Activity (1111)	
<input type="checkbox"/> Platelet Aggregations <sup>3</sup> (1175)		<input type="checkbox"/> Factor XI Inhibitor (1115)	
<input type="checkbox"/> Factor XII Activity (1121)		<input type="checkbox"/> Factor XII Inhibitor (1125)	
<input type="checkbox"/> Fibrinogen Activity (1011)		<input type="checkbox"/> Fibrinogen Antigen (1508)	
<input type="checkbox"/> Ristocetin Induced Platelet Aggregation <sup>3</sup> (1068)			
Clotting Disorders			
Thrombotic Microangiopathy			
<b>Evaluations and Profiles:</b>			
<input type="checkbox"/> ADAMTS13 Evaluation <sup>2</sup> (1295) <i>Follows reflexive algorithm</i>		<input type="checkbox"/> aHUS Complement Profile <sup>2</sup> (1500)	
<b>Individual ADAMTS13 Tests:</b>			
<input type="checkbox"/> ADAMTS13 Activity (1298)		<input type="checkbox"/> ADAMTS13 Inhibitor (1297)	
<input type="checkbox"/> ADAMTS13 Antibody (1299)			
<b>Individual aHUS Complement Tests:</b>			
<input type="checkbox"/> C3 (1501)	<input type="checkbox"/> C4 (1502)	<input type="checkbox"/> C46 (MCP) Expression (1507)	<input type="checkbox"/> Factor B (1503)
<input type="checkbox"/> Factor H (1505)	<input type="checkbox"/> Factor H Antibody (1506)	<input type="checkbox"/> Factor I (1504)	
Thrombophilia			
<input type="checkbox"/> Protein C Activity <sup>1</sup> (1031)		<input type="checkbox"/> Protein S Activity <sup>1</sup> (1041)	
<input type="checkbox"/> Protein C Antigen (1033)		<input type="checkbox"/> Protein S Antigen Total & Free (1042)	
<input type="checkbox"/> Protein S Antigen Free (1043)			
<sup>1</sup> For local STAT testing, please call 800-245-3117, Option 1 <sup>2</sup> See reverse side for assays included in suggested evaluations/profiles <sup>3</sup> By appointment only. Please call 800-245-3117 x 6129 to schedule.			<b>VERSITI USE ONLY</b> ___ EDTA ___ CITP ___ ACBD ___ ACDA ___ Serum ___ Clot ___ Other Opened by: _____ Evaluated by: _____
<b>For genetic testing, please use Hematology Genetics Requisition.</b>			

**PATIENT HISTORY:**

**1. PATIENT HAS TAKEN THE FOLLOWING ANTICOAGULANTS IN THE LAST 10 DAYS (check all that apply):**

- Unfractionated Heparin   
  Low Molecular Weight Heparin   
  Warfarin   
  Dabigatran  
 Apixaban   
  Rivaroxaban   
  Edoxaban   
  Other \_\_\_\_\_

**2. PLEASE PROVIDE THE FOLLOWING LAB HISTORY/PHENOTYPE OF PATIENT:**

	VWF Antigen	VWF: RCo Activity	VWF Activity	VWF Multimer	FVIII Activity	FIX Activity	Platelet Count	ADAMTS13 Activity	ADAMTS13 Inhibitor	Other	Other
Date											
Date											

**3. PLEASE PROVIDE PATIENT'S FAMILY LAB HISTORY/PHENOTYPE:**

	Relation to patient	VWF Antigen	VWF: RCo Activity	VWF Activity	VWF Multimer	FVIII Activity	FIX Activity	Platelet Count	ADAMTS13 Activity	ADAMTS13 Inhibitor	Other
Date											
Date											

**4. ADDITIONAL COMMENTS:** \_\_\_\_\_

**SUGGESTED EVALUATIONS AND PROFILES**

**ADAMTS13 Evaluation** – Follows a reflexive algorithm. Activity is always performed. If  $\leq 30$ , inhibitor is performed. If inhibitor  $\leq 0.7$ , antibody is performed.  
**aHUS Complement Profile** includes C3, C4, CD46 (MCP) Expression, Factor B, Factor H, Factor H Autoantibody, and Factor I.  
**Porcine Factor VIII Inhibitor Profile** includes Factor VIII Activity and Porcine Factor VIII Inhibitor, hepzyme treated if indicated by order.  
**VWD Diagnostic Evaluation** Follows a reflexive algorithm, always includes: FVIII Activity, VWF Antigen, VWF GPIbM Activity, and VWF Collagen III Binding. Reflex testing may include: VWF Propeptide Antigen, VWF Quantitative Multimer, VWD Type 2N Binding and/or VWD Type 2B Binding.  
**VWD Type 2B Evaluation** includes VWD Type 2B Binding and VWF Quantitative Multimer.  
**VWD Type 2N Profile** includes FVIII Activity, VWF Antigen, and VWD Type 2N Binding.  
**VWF Collagen Binding Profile** includes VWF Antigen, VWF Collagen III Binding and VWF Collagen IV Binding. Additional reflex to VWF Quantitative Multimer, if indicated.

**SHIPPING INFORMATION**

Blood samples should be shipped by overnight carrier. The package must be shipped in compliance with carrier's guidelines. Please contact your carrier for current biohazardous shipping regulations. **Label Box: Refrigerate, Room Temperature, or Frozen (whichever is appropriate)**

Packages should be addressed to:

**Versiti Wisconsin – Client Services**  
**638 N 18<sup>th</sup> Street**  
**Milwaukee, WI 53233**