

Versiti does NOT bill patients or their insurance. Call 800-245-3117 ext. 6250 for your Client#.



Person Completing Requisition		
Institution	Client#	
Dept	Physician/Provider	
Address		
City	ST	ZIP
Phone (Lab)	Phone/Email (Provider)	

Is testing for outpatient Medicare enrollee or Wisconsin Medicaid recipient? *Yes No

*If YES, please complete the **beneficiary form** located at www.versiti.org/medical-professionals/products-services/requisitions and submit with this requisition.

Special Reporting Requests:	PO#:
-----------------------------	------

PATIENT INFORMATION

Last Name:	First Name:	MI:	DOB:
MR#:	Accession#:	Draw Date:	Draw Time:
Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other		Clinical Diagnosis:	

Specimen Type: <input type="checkbox"/> Citrated Plasma <input type="checkbox"/> EDTA Blood (K2) <input type="checkbox"/> Serum (red top) <input type="checkbox"/> Citrated Blood

TEST ORDERS

PLEASE COMPLETE HISTORY AND MEDICATION LIST ON REVERSE SIDE FOR AN INTERPRETATION

Bleeding Disorders	Clotting Disorders
Hemophilia – For local STAT testing please call 800-245-3117, Option 1 <input type="checkbox"/> Factor VIII Activity – Chromogenic (1135) <input type="checkbox"/> Porcine Factor VIII Inhibitor Profile (1086) ¹ <input type="checkbox"/> Factor VIII Activity Hepzyme Treated–Chromogenic (1136) <input type="checkbox"/> Porcine Factor VIII Inhibitor Profile – Hepzyme Treated (1084) ¹ <input type="checkbox"/> Factor VIII Activity – Clot Based (1081) <input type="checkbox"/> Factor IX Activity (1091) <input type="checkbox"/> Factor VIII Activity Hepzyme Treated – Clot Based (1082) <input type="checkbox"/> Factor IX Activity – Hepzyme Treated (1093) <input type="checkbox"/> Factor VIII Inhibitor (1137) <input type="checkbox"/> Factor IX Inhibitor (1095) <input type="checkbox"/> Factor VIII Inhibitor Hepzyme Treated (1138) <input type="checkbox"/> Factor IX Inhibitor – Hepzyme Treated (1094)	Thrombophilia Profiles: <input type="checkbox"/> Antiphospholipid Antibody Profile ¹ (1190) <input type="checkbox"/> Thrombosis Profile ¹ (1007) Individual Tests: <input type="checkbox"/> Anticardiolipin Antibody (1191) <input type="checkbox"/> Beta 2 Glycoprotein I Antibody (1291) <input type="checkbox"/> Lupus Anticoagulant (1192) <input type="checkbox"/> Protein C Activity (1031) <input type="checkbox"/> Protein C Antigen (1033) <input type="checkbox"/> Protein S Activity (1041) <input type="checkbox"/> Protein S Antigen Free (1043) <input type="checkbox"/> Protein S Antigen Total & Free (1042)
von Willebrand Disease Evaluations and Profiles: <input type="checkbox"/> VWD Diagnostic Evaluation ¹ (1800) *FOLLOWS REFLEXIVE ALGORITHM* <input type="checkbox"/> von Willebrand Profile ¹ (1060)	Thrombotic Microangiopathy Evaluations and Profiles: <input type="checkbox"/> ADAMTS13 Evaluation ¹ (1295) *FOLLOWS REFLEXIVE ALGORITHM* <input type="checkbox"/> aHUS Complement Profile ¹ (1500)
Individual Tests: <input type="checkbox"/> VWD Type 2B Evaluation ¹ (1067) <input type="checkbox"/> VWF GPIbM Activity (1070) <input type="checkbox"/> VWD Type 2N Profile ¹ (1088) <i>*Replaced VWF Ristocetin Cofactor Activity*</i> <input type="checkbox"/> VWD Type 2N Binding (1089) <input type="checkbox"/> VWF Inhibitor Profile (1065) <input type="checkbox"/> VWF Antigen (1062) <input type="checkbox"/> VWF Propeptide Antigen (1282) <input type="checkbox"/> VWF Collagen Binding (1281) <input type="checkbox"/> VWF Quantitative Multimer (1063)	Individual ADAMTS13 Tests: <input type="checkbox"/> ADAMTS13 Activity (1298) <input type="checkbox"/> ADAMTS13 Inhibitor (1297) <input type="checkbox"/> ADAMTS13 Antibody (1299) Individual aHUS Complement Tests: <input type="checkbox"/> C3 (1501) <input type="checkbox"/> C4 (1502) <input type="checkbox"/> CD46 (MCP) Expression (1507) <input type="checkbox"/> Factor B (1503) <input type="checkbox"/> Factor H (1505) <input type="checkbox"/> Factor H Autoantibody (1506) <input type="checkbox"/> Factor I (1504)
Special Coagulation <input type="checkbox"/> Arixtra® (Fondaparinux) Level (1009) <input type="checkbox"/> Factor XI Activity (1111) <input type="checkbox"/> Factor II Activity (1021) <input type="checkbox"/> Factor XI Inhibitor (1115) <input type="checkbox"/> Factor II Inhibitor (1025) <input type="checkbox"/> Factor XII Activity (1121) <input type="checkbox"/> Factor V Activity (1051) <input type="checkbox"/> Factor XII Inhibitor (1125) <input type="checkbox"/> Factor V Inhibitor (1055) <input type="checkbox"/> Fibrinogen Activity (1011) <input type="checkbox"/> Factor VII Activity (1071) <input type="checkbox"/> Fibrinogen Antigen (1012) <input type="checkbox"/> Factor VII Inhibitor (1075) <input type="checkbox"/> Platelet Aggregations ² (1175) <input type="checkbox"/> Factor X Activity (1101) <input type="checkbox"/> Ristocetin Induced Platelet Aggregation ² (1068) <input type="checkbox"/> Factor X Inhibitor (1105)	

¹ See reverse side for assays included in suggested evaluations/profiles.

² By appointment only. Please call 800-245-3117 x 6129 to schedule.

For Genetic Testing Please Use Hematology Genetics Requisition

VERSITI USE ONLY		
<input type="checkbox"/> EDTA	<input type="checkbox"/> Serum	Opened By _____
<input type="checkbox"/> C1TP	<input type="checkbox"/> ACDA	
<input type="checkbox"/> ACDB	<input type="checkbox"/> Clot	Evaluated By _____
<input type="checkbox"/> Other		

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 CHECK THE PATIENT’S DIAGNOSIS OR INDICATION FOR TESTING:

- Bernard-Soulier syndrome Thrombotic microangiopathy (TMA)
 Hemophilia A (Factor VIII Deficiency), severity: _____ Thrombotic thrombocytopenic purpura (TTP)
 Hemophilia B (Factor IX Deficiency), severity: _____ von Willebrand Disease, type: _____
 Thrombocytopenia: _____ Other: _____

3. 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											

4. PLEASE PROVIDE PATIENT’S FAMILY HISTORY:

Consanguinity: Yes No Unknown

Ethnicity: Mother: Caucasian African American Hispanic Asian Ashkenazi Jewish Other: _____
 Father: Caucasian African American Hispanic Asian Ashkenazi Jewish Other: _____

Occurrence of condition: Sporadic (negative family history) Familial (positive family history) Unknown

Please list affected relatives by relation to patient (*e.g. mother, brother, daughter*). If applicable, indicate clinical diagnosis, genotype/known familial genetic variant: _____

	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											

5. ADDITIONAL COMMENTS: _____

SUGGESTED EVALUATIONS AND PROFILES:

ADAMTS13 Evaluation – Follows a reflexive algorithm. Activity is always performed. If < 30, inhibitor is performed. If inhibitor < 0.7, antibody is performed.

Antiphospholipid Antibody Profile includes Anticardiolipin Antibody, Beta 2 Glycoprotein I Antibody, and Lupus Anticoagulant.

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, heptyme treated if indicated by order.

Thrombosis Profile includes Anticardiolipin Antibody, Beta 2 Glycoprotein I Antibody, Factor V Leiden, Prothrombin Gene Mutation, Lupus Anticoagulant, Protein C Activity, and Protein S Activity.

VWD Diagnostic Evaluation Follows a reflexive algorithm, always includes: FVIII Activity, VWF Antigen, VWF GPIbM Activity, and VWF Collagen Binding. Reflex testing may include: VWF Propeptide Antigen, VWF Quantitative Multimer, VWD Type 2N Binding and/or VWD Type 2B Binding.

von Willebrand Profile includes Factor VIII Activity, VWF Antigen, VWF Quantitative Multimer, and VWF GPIbM Activity.

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.

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 North 18th Street
 Milwaukee, WI 53233**