

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



**(FROZEN) PLASMA QUALITY CONTROL TESTING  
HEMOSTASIS REFERENCE LABORATORY**  
Phone 800-245-3117 x 6129  
Fax (414) 937-6184

Person Completing Requisition:		
Institution:	Client #:	
Dept.	Physician:	
Address:		
City:	State:	Zip:
Phone (Lab):	Phone (Physician):	

**TESTING OF INDIVIDUAL UNITS - For each unit:**  
Factor VIII Activity – Plasma QC (1342)

UNIT NUMBER	DATE*	TIME*	ACCESSION # <i>Versiti Use Only</i>

\*These are required fields for our LIS and will print on the final report. If date is not provided, the date units were received by the Hemostasis Lab will be used. If a time is not provided, 0000 will be used.

<b>Versiti Order Entry Instructions</b>
Enter all Units under the same encounter.
Specimen type = <b>Other</b>
Enter <b>Unit #</b> as <b>Order Note</b>

<b>VERSITI USE ONLY</b>	
Opened By	
Evaluated By	