

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):



Platelet and Neutrophil Immunology Laboratory
Phone 800-245-3117 x 6250 / Fax (414) 937-6245

Is testing for outpatient Medicare enrollee or Wisconsin Medicaid recipient? *Yes No *If YES, please complete the [beneficiary form](#)

Special Reporting Requests:	PO#:
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PATIENT INFORMATION

Last Name:	First Name:	MI:	DOB:
MR#:	Accession#:	Draw Date:	Draw Time:
Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	Brief Clinical history:		
Specimen Type: <input type="checkbox"/> ACD-A Blood <input type="checkbox"/> ACD-B Blood <input type="checkbox"/> Na Citrate (blue top) <input type="checkbox"/> Serum (red top) <input type="checkbox"/> Serum (SST tube)			

REQUIRED CLINICAL INFORMATION

1. Type of vaccine received	<input type="checkbox"/> Pfizer/BioNTech <input type="checkbox"/> Janssen (J&J) <input type="checkbox"/> Moderna <input type="checkbox"/> AstraZeneca <input type="checkbox"/> Other
2. Date of recent vaccination(s):	(DD-MM-YYYY) 1) _____ 2) _____
3. Platelet count at the time of collection:	
4. Has Patient Received Heparin?	<input type="checkbox"/> Y <input type="checkbox"/> N If yes, date of exposure (DD-MM-YYYY) _____
5. Thrombosis?	<input type="checkbox"/> Y <input type="checkbox"/> N If yes, date of thrombosis diagnosis (DD-MM-YYYY) _____
6. Has case been discussed with health department or CDC?	<input type="checkbox"/> Y <input type="checkbox"/> N

TEST ORDERS All samples will be processed urgently upon receipt. Testing is executed Monday - Saturday. Due to urgency of testing, a STAT fee will apply to VITT orders

Vaccine-Induced Immune Thrombotic Thrombocytopenia (VITT)	
VITT Workup (HIT-like presentation) <i>Thrombosis with Thrombocytopenia</i>	VITT Orderables (ITP-like presentation) <i>Thrombocytopenia without Thrombosis</i>
<input type="checkbox"/> VITT Workup (5515) (Automatic Reflex) Includes: - Heparin Dependent Platelet Antibody IgG PF4 ELISA <i>Automatic reflex for non-negative PF4 ELISA results:</i> - SRA with and without Unfractionated Heparin <i>Additional Testing Available (if clinically indicated):</i> <input type="checkbox"/> Heparin-Induced Thrombocytopenia – PEA (5502) <i>If PF4 ELISA is non-negative locally, consider:</i> <input type="checkbox"/> SRA with and without Unfractionated Heparin (5506)	<input type="checkbox"/> Platelet Autoantibodies (5544) If platelet count >30,000/uL <input type="checkbox"/> Platelet Antibody Identification Panel (5608) If platelet count <30,000/uL <i>Additional Testing Available (if clinically indicated):</i> <input type="checkbox"/> Heparin Dependent Platelet Antibody IgG PF4 ELISA (5510) <input type="checkbox"/> Drug Dependent Platelet Antibodies* (9000) <i>*Call Versiti Client Services to discuss availability of vaccine when ordering Drug-dependent Platelet Antibodies: 800-245-3117, Option 1</i>
<p>Sample Requirements:</p> <p><u>VITT Workup:</u> 5 ml of serum per test ordered. Sample must be less than 7 days old when tested. Store refrigerated. Send sample refrigerated. (If the sample has been kept frozen it may be more than 7 days old.) Send frozen samples on dry ice.</p>	<p>Sample Requirements:</p> <p><u>Platelet Autoantibodies:</u> 40 ml ACD-A whole blood if patient platelet count <100,000. 10 ml ACD-A whole blood if patient platelet count >100,000. Send sample refrigerated.</p> <p><u>PF4 ELISA / Drug Dependent Platelet Antibodies/ Platelet Antibody ID Panel:</u> 5 ml of serum per test ordered. Sample must be less than 7 days old when tested. Store refrigerated. Send sample refrigerated. (If the sample has been kept frozen it may be more than 7 days old.) Send frozen samples on dry ice.</p>

SHIPPING INFORMATION

Ship all samples by Next Day delivery. Use sealed ice packs or wet ice sealed in plastic bags. Mark box **Refrigerate Upon Arrival**. The package must be shipped in compliance with carrier's guidelines. Please contact your carrier for current biohazard shipping regulations.

Shipping Address: **Versiti Diagnostic Laboratories / Client Services**
638 North 18th Street
Milwaukee, WI 53233-2121

VERSITI USE ONLY	
EDTA _____ Serum _____	Opened By _____ Evaluated By _____
Amnio _____ ACDA _____	
ACDB _____ Clot _____	
Other _____	