


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

Person Completing Requisition:		 <p>versiti™ CRYOPRECIPITATE QUALITY CONTROL TESTING HEMOSTASIS REFERENCE LAB Phone 800-245-3117 x 6129 Fax (414) 937-6184</p>
Institution:	Client #:	
Dept.	Physician:	
Address:		
City:	State: Zip:	
Phone (Lab):	Phone (Physician):	
Special Reporting Requests:		PO#:

TESTING OF INDIVIDUAL UNITS - For each unit:

Factor VIII Activity – Cryoprecipitate (1310)
 Fibrinogen Activity – Cryoprecipitate (1320)

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

UNITS TO BE POOLED FOR TESTING - For each pool:

Factor VIII Activity – Cryoprecipitate (1310)
 Fibrinogen Activity -- Cryoprecipitate (1320)
 Cryoprecipitate Pooling Fee (1189)

Pool Unit Numbers	_____			
Date*	_____	Time*	_____	Versiti Accession #

Pool Unit Numbers	_____			
Date*	_____	Time*	_____	Versiti Accession #

Pool Unit Numbers	_____			
Date*	_____	Time*	_____	Versiti Accession #

Pool Unit Numbers	_____			
Date*	_____	Time*	_____	Versiti Accession #

*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.

VERSITI USE ONLY	
_____ Single-donor unit	Opened By _____
_____ Prepooled unit	Entered By _____
_____ Units to be pooled	Reviewed By _____
_____ Aliquots received	Labeled By _____