

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 https://versiti.org/products-services/requisitions 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 ¹ (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) ²		<input type="checkbox"/> Porcine Factor VIII Inhibitor Profile-Hepzyme Treated (1084) ²	
<input type="checkbox"/> Factor IX Activity (1091)		<input type="checkbox"/> Factor IX Inhibitor (1095)	
<input type="checkbox"/> Factor IX Activity-Hepzyme Treated ¹ (1093)		<input type="checkbox"/> Factor IX Inhibitor-Hepzyme Treated (1094)	
von Willebrand Disease			
Evaluations and Profiles:			
<input type="checkbox"/> VWD Diagnostic Evaluation ² (1800) <i>Follows reflexive algorithm</i>		<input type="checkbox"/> VWF Collagen Binding Profile ² (1279)	
<input type="checkbox"/> VWD Type 2B Evaluation ² (1067)		<input type="checkbox"/> VWD Type 2N Profile ² (1088)	
Individual Tests:			
<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 ¹ (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 ³ (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 (1012)	
<input type="checkbox"/> Ristocetin Induced Platelet Aggregation ³ (1068)			
Clotting Disorders			
Thrombotic Microangiopathy			
Evaluations and Profiles:			
<input type="checkbox"/> ADAMTS13 Evaluation ² (1295) <i>Follows reflexive algorithm</i>		<input type="checkbox"/> aHUS Complement Profile ² (1500)	
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"/> 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 ¹ (1031)		<input type="checkbox"/> Protein S Activity ¹ (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)			
¹ For local STAT testing, please call 800-245-3117, Option 1			VERSITI USE ONLY ___ EDTA ___ CITP ___ ACBD ___ ACDA ___ Serum ___ Clot ___ Other Opened by: _____ Evaluated by: _____
² See reverse side for assays included in suggested evaluations/profiles			
³ By appointment only. Please call 800-245-3117 x 6129 to schedule.			
For genetic testing, please use Hematology Genetics Requisition.			

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 ≤ 30 , inhibitor is performed. If inhibitor ≤ 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 18th Street
Milwaukee, WI 53233