

Check box(es) to mark request(s) – **DO NOT USE HIGHLIGHTER**

Patient name: _____

DOB: _____ Sex: M F

Client Patient ID: _____

ALL FIELDS ARE REQUIRED

UWHC Autogen # (For UWHC Lab Use Only): _____

Bill to Client
Client Name: _____ Client Code _____

Address: _____

City/State/Zip _____

Collect Date _____ Collect Time _____

Billing/Authorizing Provider (Attending MD, NP, PA) - Please Print:

Fax #: _____

Contact #: _____

Bill to WI Medical Assistance

Provide requested information if Wisconsin Medicaid Assistance:

Home Address: _____

City/State/Zip: _____

WI Medical Assistance # _____

Provider Signature _____

Signature Date/Time _____

ICD-9, ICD-10 or Diagnosis Required

When ordering tests for which Medicare reimbursement will be sought, physicians (or other individuals authorized by law to order tests) should only order those tests that are medically necessary for the diagnosis or treatment of a patient rather than for screening purposes.

REQUIRED: Heparin: No ___ Yes ___ Warfarin: No ___ Yes ___
Other medications: List all medications, prescription and non-prescription, taken in the last 10 days (e.g. aspirin, ibuprofen, etc.)

For specific instructions or handling information for each test, refer to www.uwhealth.org and search for "Laboratory Test Directory" or call the Special Coagulation Laboratory at (608) 263-5005.

HYPERCOAGULATION TESTS

- Antithrombin Activity - **A3AC**
- Protein C Activity - **PC-ACT**
- Protein S Ag, Free - **PSFREE** -Not diagnostic unless patient is off or on a stable dose of Warfarin for at least one week
- Protein S Activity - **PS-ACT** -Test invalid when patient is on Warfarin. Recommend off Warfarin at least one week
- Cardiolipin Ab, IgG/IgM - **ACARD**
- Lupus Anticoagulant* - **LUPUS**
(Invalid if patient is on heparin).
Test may include; PTT, Prothrombin Time/INR, Silica Clot Time, dilute Russell's Viper Venom Test, PTT Inhibitor Screen, Thrombin Time, Factor VIII.
Above selection based on individual patient results.
- Factor V Leiden by PCR - **FVPCR**
- Prothrombin Gene Mutation by PCR - **PTPCR**.
Send refrigerated, unopened, unspun lavender top.
DO NOT FREEZE

**FACTOR ACTIVITY ASSAYS / FACTOR INHIBITOR ASSAYS –
May require Thrombin Time assay**

- Factor II-**F2A**
- Factor V- **F5A** (not Factor V Leiden)
- Factor VII- **F7A**
- Factor VIII- **F8A**
- Factor VIII Chromogenic-**CHROM F8A** (Factor VIII replacement therapy -emicizumab-Hemlibra, JIVI, AFSTYLA)
- Factor IX-**F9A**
- Factor X-**F10A** (not for Heparin Level by anti-Xa)
- Factor XI-**F11A**
- Factor XII-**F12A**
- Factor Inhibitor Assay- **FIA**
Factor to be Assayed: _____
Please note: A factor activity for this inhibitor will be performed and billed in addition to the Inhibitor assay.

OTHER (Please print complete test name)

VON WILLEBRAND TESTS

- Factor VIII Activity - **F8A**
- Von Willebrand Ag - **VWF-AG**
- Von Willebrand Activity - **VWFACT**
- Platelet Function Screen - **PFS** ***SPECIAL HANDLING**
- Ristocetin Platelet Aggregation – **RISTAGG**
***SPECIAL HANDLING**
* Please call (608) 263-5005 for instructions

MISCELLANEOUS TESTS

- Alpha 2 Antiplasmin - **A2AP**
- PTT Inhibitor Screen - **APTI**
Requires PTT & Thrombin Time Assays
- PTT- **APTT**
- ADAMTS13 Activity, Reflex to Inhibitor - **ADAMACT**
- Heparin Induced Platelet Ab - **HEPAB**
- Heparin Level by anti-Xa method - **HEPRN**
Indicate type of Heparin _____
- Apixaban Level (by anti-Xa method) - **APIX**
Dose and time administered _____
- Rivaroxaban Level (by anti-Xa method) - **RIVA**
Dose and time administered _____
- Platelet Aggregation - **PRPAGG** ***SPECIAL HANDLING**
Must call (608) 263-5005 to schedule PRPAGG
- Thrombin Time - **CTT**
- Thrombin Time Inhibitor Screen - **TTIS**

ASSESSMENT OF PLATELET INHIBITION

***SPECIAL HANDLING** Please call (608) 263-5005 for instructions

For Clopidogrel (Plavix):

- Platelet Reactivity Profile (PRU), **VNPRU**

For Aspirin:

- Aspirin Reactivity Profile (ARU) **ASPRN**