

PT. NO.	
NAME (Last, First)	
D.O.B. <input type="checkbox"/> M <input type="checkbox"/> F	
ORDERING PHYSICIAN / PHONE # REQUIRED	NPI # REQUIRED
SPECIMEN TYPE <input type="checkbox"/> Whole Blood <input type="checkbox"/> Plasma	
DATE & TIME COLLECTED REQUIRED	<input type="checkbox"/> AM <input type="checkbox"/> PM
SENDER SPECIMEN #	
ICD (diagnosis) code REQUIRED	
SEND REPORT TO (Hospital, Clinic, Physician)	
TELEPHONE	
FAX Fax Results? <input type="checkbox"/> Yes <input type="checkbox"/> No	
PATIENT ADDRESS	
CITY	STATE ZIP
TELEPHONE	
SUBSCRIBER NAME	
SUBSCRIBER ID. #	
GROUP#	
Premera Blue Cross Regence DSHS (attach current coupon)	
Medicare (answer required to question below)	
Is this a hospital outpatient or inpatient? Yes No (see reverse for additional information)	
OTHER INSURANCE NAME/ADDRESS	

CLINICAL LAB REQUEST
 UW MEDICINE
 REFERENCE LABORATORY SERVICES

University of Washington Medical Center
 1959 NE Pacific St, NW 220
 (206) 520-4600 or 1 800 713-5198
 Seattle WA, 98195

UW LAB ACC. #	
LOGGED IN BY:	PROCESSED BY:

Thrombosis & Bleeding Work-up

1. Completely fill in left section.
2. Use a separate request form for each specimen type submitted.
3. For tests - see our online guide at <https://menu.labmed.uw.edu>.
4. Reflexive tests, panels and special testing information are indicated by an *. Information is on the back page.

NOTE: When ordering tests for which Medicare reimbursement will be sought, physicians should only order tests which are medically necessary for diagnosis or treatment of the patient. You should be aware that Medicare generally does not cover routine screening tests, and will only pay for tests that are covered by the program and are reasonable and necessary to treat or diagnose the patient.

Coagulation Patient Clinical History Form

Forward this form directly to: **HMC Special Coagulation Lab**
 325 9th Ave, GWH-47, Box 359743
 Seattle, WA 98104
 Phone 206-744-2621 Fax: 206-744-8654

Referring Physician: _____ Physician's phone#: _____

Is patient pregnant: No Yes (Due date: _____)

Pertinent Family History: _____

- Reason for Testing:
- Venous Thrombosis (Date of last thrombosis event: _____)
 - Arterial Thrombosis
 - Bleeding
 - Therapeutic Drug Monitoring
 - Anti-Phospholipid Syndrome
 - Other, please specify: _____

Has patient taken any anticoagulants in the past 7 days? No Yes (Last dose on _____)

If yes, check all that apply:

- Coumadin (Warfarin)
- Heparin, unfractionated Low molecular weight Heparin Fondaparinux
- Direct thrombin inhibitor [Pradaxa (Dabigatran), Acova (Argatroban), Angiomax (Bivalirudin)]
- Direct Xa inhibitor [Xarelto (rivaroxaban), Eliquis (Apixaban), Savaysa (Edoxaban)]
- Anti-platelet drugs (NSAIDs, Aspirin, Clopidogrel, Prasugrel, Abciximab, etc.)
- Other _____

Thrombosis Panels

- ___ Comprehensive Venous* **CVTHI**
- ___ Venous* **VTHRI**
- ___ Lupus Anticoagulant & Anti-Phospholipid Panel* **LUPGI**
- ___ Lupus Anticoagulant * **LUPI**
- ___ Factor 8 Thrombosis Panel * **F8THR1**

Bleeding Disorders

Factor Activity Testing

- ___ Factor II Activity **F2**
- ___ Factor V Activity **F5**
- ___ Factor VII Activity **F7**
- ___ Factor VIII Activity **F8**
- ___ Factor IX Activity **F9**
- ___ Factor X Activity **F10**
- ___ Factor XI Activity **F11**
- ___ Factor XII Activity **F12**

Factor Inhibitor Reflexive Testing

- ___ Factor II Inhibitor Reflex Panel* **F2INHR**
- ___ Factor V Inhibitor Reflex Panel* **F5INHR**
- ___ Factor VII Inhibitor Reflex Panel* **F7INHR**
- ___ Factor VIII Inhibitor Reflex Panel* **F8INHR**
- ___ Factor IX Inhibitor Reflex Panel* **F9INHR**
- ___ Factor X Inhibitor Reflex Panel* **F10INR**
- ___ Factor XI Inhibitor Reflex Panel* **F11INR**

Platelet Aggregation Study

(Pre-schedule with lab 7 days in advance at (206) 598-6242)

von Willibrand Disease Panel

- ___ von Willebrand Disease Group* **VWDPKG**
- ___ von Willebrand Factor Activity **VWFACT**
- ___ Platelet Aggregation with Interpretation **PLAGI**
- ___ Ristocetin-induced Platelet Aggregation **RIPAG**

Other

CMS MEDICAL NECESSITY INFORMATION

It is our policy to provide health care providers with the ability to order only those lab tests medically necessary for the individual patient and to ensure that the convenience of ordering standard panels and custom profiles does not impact this ability. While we recognize the value of this convenience, indiscriminate use of panels and profiles can lead to ordering tests that are not medically necessary. Therefore, all tests offered in our panels and profiles can be ordered individually as well. If a component test is not listed individually on the request form, it may be written in the "OTHER REQUESTS" box. We encourage you to order individual tests or a less inclusive profile when not all of the tests included in the panel or profile are medically necessary for the individual patient.

MEDICARE BILLING INFORMATION

Medicare billing policy prevents us from submitting a Medicare claim for laboratory testing referred to us on hospital inpatients or hospital outpatients. For these samples, we will bill the sending location.

GROUP/PANELS TESTING

FACTOR INHIBITOR REFLEX PANEL - Includes specific Factor Activity Level and if decreased, will reflex to specific Factor Inhibitor Assay.

LUPUS ANTICOAGULANT - Initial testing includes Dilute Russell Viper Venom Assay with Interpretation (DRVVT). If DRVVT is negative and if clinically indicated, the hexagonal phase phospholipid test (HEXPL) will be added on reflexively.

THROMBOSIS PANELS

- Comprehensive Venous: Includes Venous Panel, Chromogenic F8, HSCRp and Prothrombin DNA Screen
- Venous Panel: Includes Activated Protein C Resistance (i.e. Factor V Leiden Activity), Antithrombin, Protein-S Free Antigen, Protein C Activity and Lupus Anticoagulant with Interpretation

FACTOR 8 THROMBOSIS PANEL - Includes Chromogenic F8 and HSCRp

VON WILLEBRAND DISEASE GROUP - Includes Von Willebrand Factor Antigen, Factor VIII Activity, Von Willebrand Factor Multimer and VWF Collagen Binding