



Department Of Pathology
COAGULATION SECTION
Outreach Requisition Form
(Request for Special Coagulation Studies)

TODAY'S DATE

DO NOT HAND-WRITE IN THIS FORM. TYPE IN THE FIELDS AND PRINT.

PATIENT INFORMATION - 5 Patient Identifiers Required

Patient Name _____

Medical Record Number _____

Date of Birth _____

Gender: Male Female Unknown

Patient Facesheet with 2 additional identifiers:

Provided Not available

Provide the following if Patient Facesheet is not available:

Patient Address _____ Patient Phone Number _____

ORDERING PHYSICIAN

Name _____

NPI Number _____

Phone _____ E-mail _____

REPORT RECIPIENT INFORMATION

Fax number for report _____

Secure E-mail for report _____

PRIORITY

STAT: Results Needed by _____

Routine

COLLECTION

Date/Time _____ By _____

Unit/Floor/Phone # _____

Catheter Arterial

Peripheral stick Venous

PURPOSE

Bleeding Epistaxis

Thrombosis Menorrhagia

Prolonged PT/PTT Other _____

ANTICOAGULANT AND/OR ANTI-PLATELET

None Enoxaparin

Warfarin Aspirin

Unfractionated Heparin Other _____

DIAGNOSIS

HISTORY

Personal _____

Family _____

BILLING INFORMATION

Institutional Billing

Institution/Department _____

Street Address _____

Address Line 2 _____

City _____

State _____ Zip _____

Billing Contact _____

Phone _____ Fax _____

E-mail _____

INSTRUCTIONS

See Page 2 for:

TEST MENU & SPECIMEN REQUIREMENTS

All information is required. Enclose a printed copy of the completed form with specimen/s.

Ship to:

Texas Children's Hospital
Department of Pathology
Coagulation Section
6621 Fannin St.
Houston, TX 77030
Phone: 832-824-5142



Department Of Pathology
COAGULATION SECTION
Special Coagulation Studies
TEST MENU

For additional test information, click on the test codes below. These links will take you to the relevant page in the Pathology Online Catalog.

BLEEDING EVALUATION

Code	Test Requested	Specimen	Turnaround Time
VONWLZ	von Willebrand Panel	3 x 2.7 mL blue	7 days
	von Willebrand Multimer	1 x 2.7 mL blue	7 -10 days
PROLON	Prolonged PT/PTT Consultation This is a request for Pathology Consultation	3 x 2.7 mL blue	7 days

THROMBOSIS RISK EVALUATION

Code	Test Requested	Specimen	Turnaround Time
HYPRC7	Hypercoagulation Panel (Includes: PT/PTT, fibrinogen, factor 8, antithrombin, lupus anticoagulant, protein C, protein S, anticardiolipin antibodies, homocysteine, factor V Leiden, prothrombin G20210A)	1 x 3.0 mL red 2 x 2.7 mL blue 1 x 3.0 mL purple (1.0 mL draw minimum)	7 days
LUPU4	Lupus Anticoagulant Panel	1 x 2.7 mL blue	7 days
APHPN1	Antiphospholipid Panel Includes: Anticardiolipin antibodies, anti-beta2 glycoprotein I antibodies, lupus anticoagulant	1 x 3.0 mL red 1 x 2.7 mL blue	7 days
DVT1A	DVT1 – Antithrombin, functional protein C, function protein S, lupus anticoagulant	2 x 2.7 mL blue	7 days
DVT2A	DVT2 – Anticardiolipin antibodies, anti-beta 2 glycoprotein I antibodies, homocysteine, lipoprotein A	2 x 2.0 mL red	7 days
DVT3A	DVT3 – Factor V Leiden, prothrombin G20210A	1 x 3.0 mL purple (1.0 mL draw minimum)	7 days

THROMBOCYTOPENIA EVALUATION

Code	Test Requested	Specimen	Turnaround Time
ATS13	ADAMTS13 Activity with reflex to Inhibitor	1 x 2.7 mL blue	7 days, available STAT with Pathologist approval
HIT	Heparin-Induced Platelet Antibody	1 x 2.0 mL red	24 hours, M-F

FACTOR ASSAYS

Requirements: 3 individual factors can be performed per 2.7 mL blue top; inhibitor panels require 2 x 2.7 mL blue top)

CODE	TEST REQUESTED	CODE	TEST REQUESTED	CODE	TEST REQUESTED
F2	Factor 2	FPC	Functional protein C	F11	Factor 11
F5	Factor 5	ANTITH	Antithrombin	F12	Factor 12
F7	Factor 7	F9	Factor 9	FPS	Functional protein S
F8	Factor 8	F9INH1	Factor 9 with inhibitor	VWFAG	von Willebrand antigen
F8INH1	Factor 8 with inhibitor	F10	Factor 10		

ADDITIONAL ASSAYS

Code	Test Requested	Specimen	Turnaround Time
ACAPN2	Anticardiolipin antibodies (IgM, IgG)	1 x 2.0 mL red	7 days
B2GPI	Anti-beta 2 glycoprotein I antibodies (IgM, IgG)		
FVDNA	Factor V Leiden	1 x 3.0 mL purple (1.0 mL draw minimum)	7 days
PTDNA	Prothrombin G20210A		

1. **Blue** top tubes must be centrifuged. A minimum of 1.0 ml citrated plasma for each tube collected (PPP-residual platelet count of <10,000/mm³) must be separated. Storage/transport: FROZEN.
2. **Red** top tubes must be centrifuged. A minimum of 1.0 ml serum for each tube collected must be separated. Storage/transport: FROZEN.
3. **DO NOT SPIN purple** top tubes. Storage/transport: REFRIGERATED.