



# REQUEST FOR TESTING HEMOSTASIS REFERENCE LABORATORY

See back of this order form for sample requirements. Test descriptions, transaction codes and CPT codes may be viewed at <http://psbc.org>. Click on Laboratory Services.

**HEMOSTASIS REFERENCE LABORATORY** (206) 292-6594 Laboratory Staffed for Questions: 8:00 a.m. - 4:30 p.m. Monday - Friday  
Samples accepted daily, 24 Hrs./Day, 7 Days/Week. Sample Info Line: (206) 292-1876

**PROFILES** Battery of tests in the Profiles are listed on the back of this order form.

- |   |   |
|---|---|
| <input type="checkbox"/> <b>Abnormal PT or APTT Reflexive Evaluation</b><br><i>Additional Assays will be performed as necessary</i><br><input type="checkbox"/> <b>Bleeding Diathesis with a Normal APTT/PT</b><br><input type="checkbox"/> <b>Extrinsic Pathway Evaluation</b><br><input type="checkbox"/> <b>Fibrinogen Evaluation</b><br><input type="checkbox"/> <b>Fibrinolysis Evaluation</b><br><input type="checkbox"/> <b>Factor VIII Inhibitor Screen</b><br><input type="checkbox"/> <b>Factor VIII Inhibitor Bethesda Titer</b><br><input type="checkbox"/> <b>Factor Inhibitor Screen (other than Factor VIII)</b><br><i>Specify Factor: _____</i><br><input type="checkbox"/> <b>Factor Inhibitor Bethesda Titer (other than Factor VIII)</b><br><i>Specify Factor: _____</i> | <input type="checkbox"/> <b>Intrinsic Factor Evaluation</b><br><input type="checkbox"/> <b>Lupus Anticoagulant Screen (Reflex to Profile)</b><br><input type="checkbox"/> <b>Lupus Anticoagulant</b><br><input type="checkbox"/> <b>Platelet Aggregation*</b><br><input type="checkbox"/> <b>Platelet Function Assay (PFAs)*</b><br><input type="checkbox"/> <b>Thrombosis Genetic Risk</b><br><input type="checkbox"/> <b>Thrombosis Risk</b><br><input type="checkbox"/> <b>Thrombosis Risk on Warfarin</b><br><input type="checkbox"/> <b>Thrombosis/Hypercoagulability Risk</b><br><input type="checkbox"/> <b>von Willebrand</b> |
|---|---|

**INDIVIDUAL TESTS**

- |   |   |
|---|---|
| 3260-01 <input type="checkbox"/> <b>ADAMTS 13 Activity (Performed by Platelet Lab)</b><br>3260-02 <input type="checkbox"/> <b>ADAMTS 13 Inhibitor (Performed by Platelet Lab)</b><br>3230-04 <input type="checkbox"/> <b>Antiplasmin</b><br>3230-01 <input type="checkbox"/> <b>Antithrombin III Activity</b><br>3230-08 <input type="checkbox"/> <b>APC Resistance Activity Ratio for Factor V Leiden</b><br>3200-05 <input type="checkbox"/> <b>APTT (Abnormals reflex to 1:1 mix)</b><br>3200-10 <input type="checkbox"/> <b>APTT 1:1 Mix</b><br>3200-05 <input type="checkbox"/> <b>APTT (Post-Heparin Removal)*</b><br>3200-01 <input type="checkbox"/> <b>Bleeding Time Surgicutt</b><br>3210-05 <input type="checkbox"/> <b>D-dimer (semi-quantitative)</b><br>3250-04 <input type="checkbox"/> <b>DNA/Factor II (Prothrombin) Mutation</b><br>3250-03 <input type="checkbox"/> <b>DNA/Factor V Leiden (APC Resistance) Mutation</b><br>3250-07 <input type="checkbox"/> <b>DNA MTHFR C677T Mutation</b><br>3250-05 <input type="checkbox"/> <b>DNA/Factor VIII Inversion</b><br>3250-02 <input type="checkbox"/> <b>DNA Hemophilic Mutation Screen</b> <i>Specify Factor: _____</i><br>3250-08 <input type="checkbox"/> <b>DNA von Willebrand Disease Type 2A/2B</b><br>3210-10 <input type="checkbox"/> <b>Factor II Activity</b><br>3210-11 <input type="checkbox"/> <b>Factor V Activity</b><br>3210-12 <input type="checkbox"/> <b>Factor VII Activity</b><br>3210-13 <input type="checkbox"/> <b>Factor VIII Activity</b><br>3210-18 <input type="checkbox"/> <b>Factor VIII Activity Chromogenic</b><br>3210-14 <input type="checkbox"/> <b>Factor IX Activity</b><br>3210-15 <input type="checkbox"/> <b>Factor X Activity</b> | 3210-16 <input type="checkbox"/> <b>Factor XI Activity</b><br>3210-17 <input type="checkbox"/> <b>Factor XII Activity</b><br>3200-07 <input type="checkbox"/> <b>Factor XIII Screen</b><br>3210-06 <input type="checkbox"/> <b>FDP in Plasma (semi-quantitative)</b><br>3200-08 <input type="checkbox"/> <b>Fibrinogen Activity</b><br>3210-19 <input type="checkbox"/> <b>Heparin by anti-Xa</b><br>3230-06 <input type="checkbox"/> <b>Plasminogen Activity</b><br>3245-01 <input type="checkbox"/> <b>Platelet Function Assay (PFA) Epinephrine/Collagen*</b><br>3245-02 <input type="checkbox"/> <b>Platelet Function Assay (PFA) ADP/Collagen*</b><br>3230-02 <input type="checkbox"/> <b>Protein C Activity</b><br>3230-03 <input type="checkbox"/> <b>Protein S Activity</b><br>3200-04 <input type="checkbox"/> <b>Prothrombin Time (Abnormals reflex to 1:1 mix)</b><br>3200-04 <input type="checkbox"/> <b>Prothrombin Time 1:1 Mix</b><br>3200-11 <input type="checkbox"/> <b>Reptilase Time</b><br>3210-03 <input type="checkbox"/> <b>Ristocetin Cofactor (VWF Activity)</b><br>3220-06 <input type="checkbox"/> <b>STACLOT-LA (Hexagonal PL)</b><br>3200-02 <input type="checkbox"/> <b>Thrombin Time</b><br>3200-02 <input type="checkbox"/> <b>Thrombin Time 1:1 Mix</b><br>3220-03 <input type="checkbox"/> <b>Tissue Thromboplastin Inhibition Time (TTIT)</b><br>3210-20 <input type="checkbox"/> <b>von Willebrand Antigen **</b><br>3210-24 <input type="checkbox"/> <b>von Willebrand Multimers** (sent out)</b><br><input type="checkbox"/> <b>OTHER</b> _____ |
|---|---|

\*NOTE: See Specimen Collection Information - reverse side.  
\*\* All Antigen testing must be accompanied by ordering the corresponding activity/screen.

**PLEASE PRINT:**  
Note: Information in BOLD must be complete.

**Collection:** DATE \_\_\_\_ / \_\_\_\_ / \_\_\_\_ TIME \_\_\_\_\_ am/pm

Drawn By: \_\_\_\_\_

Specimen / Accession No: \_\_\_\_\_

Diagnosis/Purpose of Testing: \_\_\_\_\_

Medications: \_\_\_\_\_

\_\_\_\_\_ Heparin \_\_\_\_\_ Coumadin \_\_\_\_\_ Aspirin **ICD-9** \_\_\_\_\_

History / Comments / Special Instructions: \_\_\_\_\_

**Physician or authorized person ordering test:**

(First)	(Last)
<i>Name on Sample</i> <b>LAST</b>	<i>FIRST</i> <b>M.I.</b>
<i>Hospital Identification Number</i>	
<i>Hospital/Institution</i>	
<i>Social Security Number</i>	<i>Sex (M/F)</i> <i>Date of Birth (mm/dd/yyyy)</i>

Sample ID / HC #

place label here

*Shaded areas for Blood Center use only.*

**Contact Information:** \_\_\_\_\_ Name Number

**SEND REPORT TO:**

**Name:** \_\_\_\_\_

**Street:** \_\_\_\_\_

**City, State, Zip:** \_\_\_\_\_

**Fax number:** \_\_\_\_\_

**SEND BILL TO (if different than above):**

**Name:** \_\_\_\_\_

**Street:** \_\_\_\_\_

**City, State, Zip:** \_\_\_\_\_

Bill to:  Institution  Insurance  Medicare  Medicaid  Patient  Study

*Attach insurance information if applicable*

**If sample is for carrier detection/family study, complete the following:**

**Affected Member(s):** \_\_\_\_\_

**Relationship to Patient:** \_\_\_\_\_



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Specimen / Accession No: \_\_\_\_\_

Diagnosis/Purpose of Testing: \_\_\_\_\_

Medications: \_\_\_\_\_

\_\_\_\_\_ Heparin \_\_\_\_\_ Coumadin \_\_\_\_\_ Aspirin **ICD-9** \_\_\_\_\_

History / Comments / Special Instructions: \_\_\_\_\_

**Physician or authorized person ordering test:**

(First)	(Last)
<i>Name on Sample LAST</i>	<i>FIRST M.I.</i>
<i>Hospital Identification Number</i>	
<i>Hospital/Institution</i>	
<i>Social Security Number</i>	<i>Sex (M/F) Date of Birth (mm/dd/yyyy)</i>

Sample ID / HC #

place label here

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**Contact Information:** \_\_\_\_\_  
Name Number

**SEND REPORT TO:**

Name: \_\_\_\_\_

Street: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Fax number: \_\_\_\_\_

**SEND BILL TO (if different than above):**

Name: \_\_\_\_\_

Street: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Bill to:  Institution  Insurance  Medicare  Medicaid  Patient  Study

*Attach insurance information if applicable*

**If sample is for carrier detection/family study, complete the following:**

Affected Member(s): \_\_\_\_\_

Relationship to Patient: \_\_\_\_\_

## TESTS IN THE HEMOSTASIS PROFILES

Order only those tests that are medically necessary. Tests may be ordered individually.  
Any profile may be customized to meet client needs and expedite the ordering process.

### Abnormal PT or APTT Reflexive Evaluation Profile

APTT (3200-05)  
PT (3200-04)  
Thrombin Time (3200-02)  
Fibrinogen Activity (3200-08)  
Additional assays will be performed as necessary

### Bleeding Diathesis with a Normal APTT/PT Profile

APTT (3200-05)  
PT (3200-04)  
Factor VIII Activity (3210-13)  
Factor IX Activity (3210-14)  
Factor XI Activity (3210-16)  
von Willebrand Antigen (3210-20)  
Ristocetin Cofactor (vWF) Activity (3210-03)  
Factor XIII Screen (3200-07)  
D-Dimer Semi-quantitative (3210-05)  
Fibrinogen Degradation Prod. (3210-06)  
Antiplasmin (3230-04)  
Fibrinogen Activity (3200-08)

### Extrinsic Pathway Evaluation Profile

PT (3200-04)  
PT 1:1 Mix (3200-04)  
APTT (3200-05)  
APTT 1:1 Mix (3200-10)  
Factor II Activity (3210-10)  
Factor V Activity (3210-11)  
Factor VII Activity (3210-12)  
Factor X Activity (3210-15)

### Factor VIII Inhibitor Screen Profile

APTT (3200-05)  
APTT 1:1 Mix (3200-10)  
Factor VIII Activity (3210-13)  
Factor VIII Inhibitor Screen (3220-04)  
(Reflex to Bethesda titer if positive)

### Factor VIII Inhibitor Bethesda Titer Profile

APTT (3200-05)  
APTT 1:1 Mix (3200-10)  
Factor VIII Activity (3210-13)  
Factor VIII Inhibitor Titer (3220-02)

### Factor Inhibitor Screen other than Factor VIII Profile. Specify Factor: \_\_\_\_\_

PT (3200-04)  
PT 1:1 Mix (3200-04)  
APTT (3200-05)  
APTT 1:1 Mix (3200-10)  
Factor Inhibitor Screen (3220-04)  
(Reflex to Bethesda titer if positive)

### Factor Inhibitor Bethesda Titer other than Factor VIII. Specify Factor: \_\_\_\_\_

PT (3200-04)  
PT 1:1 Mix (3200-04)  
APTT (3200-05)  
APTT 1:1 Mix (3200-10)  
Other Factor Inhibitor Titer (3220-02)

### Fibrinogen Evaluation Profile

Fibrinogen Activity (3200-08)  
Reptilase Time (3200-11)  
Thrombin Time (3200-02)  
Thrombin 1:1 Mix (3200-02)

### Fibrinolysis Evaluation Profile

Abnormal PT or APTT Reflexive Evaluation Profile  
Antiplasmin (3230-04)  
D-dimer Semi-quantitative (3210-05)  
Fibrinogen Degradation Prod. (FDP) (3210-06)  
Plasminogen Activity (3230-06)

### Thrombosis Genetic Risk Profile

Factor V Leiden (3250-03)  
Factor II Prothrombin Mutation (3250-04)

### Thrombosis/Hypercoagulability Profile

Factor VIII Activity (3210-13)  
Lupus Anticoagulant Screen Profile  
Thrombosis Genetic Risk Profile  
Thrombosis Risk Profile

### Intrinsic Factor Evaluation Profile

PT (3200-04)  
PT 1:1 Mix (3200-04)  
APTT (3200-05)  
APTT 1:1 Mix (3200-10)  
Factor VIII Activity (3210-13)  
Factor IX Activity (3210-14)  
Factor XI Activity (3210-16)  
Factor XII Activity (3210-17)

### Lupus Anticoagulant Screen Profile

PT (3200-04)  
APTT (3200-05)  
APTT 1:1 Mix (3200-10)  
Tissue Thromboplastin Inhibition (3220-03)  
(Reflex to Profile)

### Lupus Anticoagulant Profile

Lupus Anticoagulant Screen Profile  
Thrombin Time (3200-02)  
STACLOT-LA (Hexagonal PL) (3220-06)

### Platelet Aggregation Profile

Platelet Function Assay (PFA) Profile  
Platelet Aggregation Study (3240-01)  
(each agent)

### Platelet Function Assay (PFA) Profile

Platelet Count (3200-06)  
PFA Epinephrine/Collagen (3245-01)  
PFA ADP/Collagen (3245-02)

### Thrombosis Risk Profile

PT (3200-04)  
PT 1:1 Mix (3200-04)  
APTT (3200-05)  
Antithrombin III Activity (3230-01)  
Protein C Activity (3230-02)  
Protein S Activity (3230-03)

### Thrombosis Risk on Warfarin Profile

PT (3200-04)  
APTT (3200-05)  
APTT 1:1 Mix (3200-10)  
Antithrombin III Activity (3230-01)  
Protein C Activity (3230-02)  
Protein S Activity (3230-03)  
Factor VII Activity (3210-12)  
Factor X Activity (3210-15)

### von Willebrand Profile

APTT (3200-05)  
Factor VIII Activity (3210-13)  
Ristocetin Cofactor (vWF) Activity (3210-03)  
Von Willebrand Factor (vWF) Antigen (3210-20)

## HEMOSTASIS REFERENCE LABORATORY

(206) 292-6594

The Puget Sound Blood Center's Hemostasis Reference Laboratory has over 25 years of experience in providing quality hemostatic evaluations including testing, interpretation of results and patient evaluations. The laboratory features considerable technical experience in a wide variety of instrumentation, reagents and available specialty testing with extensive Quality Assurance and CLIA approved procedures. Puget Sound Blood Center's blood component therapy, hemophilia care and apheresis programs are supported by the Hemostasis Reference Laboratory and testing is also available for various research protocols.

## SPECIMEN COLLECTION INFORMATION

(206) 292-1876

### Hemostasis Reference Laboratory Samples:

- All coagulation testing is done in sodium citrate plasma. This is the traditional "blue top tube."
- Send two 5 ml or three 3 ml tubes. The sample should be kept at Room Temperature (15-25°C) and received by the Blood Center, Terry and Madison location, within three hours after collection between the hours of 8am to 3pm Monday through Friday (excluding holidays).
- Where appropriate sample integrity testing will be performed. This involves running APTT and possibly PT on Factor levels.

### If this is not possible:

- The tubes are centrifuged at 1500g for 15-20 minutes and the plasma removed. For best results the plasma should be centrifuged a second time at 1500g for 15-20 minutes. Then place a minimum of 1 ml of plasma into four (4) plastic tubes, freeze and send on dry ice.
- The minimum requirements are two (2) plasma tubes with at least 0.5 ml of plasma in each tube for each two (2) tests ordered. Do not send more than 6 aliquots.

Notes: (1) Insufficient sample tubes will negatively affect turn-around time. (2) Therapeutic anticoagulation interferes with most kinetic (but not DNA) tests. Care should be taken to obtain samples on the opposite arm from the IV site or from an adequately flushed port site. If a sample is found to contain Heparin, it may be necessary to remove it and charge for an APTT Post-Heparin Removal.

### Bleeding Time, PFA, and Platelet Aggregation:

Bleeding times and Platelet Aggregations cannot be collected outside our facility and require the patient to visit the Puget Sound Blood Center, where the samples will be drawn. PFAs only, may be sent if prior arrangements have been made. Call the Hemostasis Reference Laboratory at (206) 292-6594 for details on how to send a PFA or to schedule an appointment with the technologist.

### DNA Laboratory Samples:

DNA mutation testing requires at least 10 ml EDTA whole blood (purple top). The sample must arrive at the Blood Center within 48 hrs. after collection shipped preferably with a "cool pack." Samples may be sent via overnight express, addressed to Puget Sound Blood Center, ATTN: Hemostasis Reference Laboratory, 921 Terry Avenue, Seattle WA 98104-1256. Send samples so they arrive Monday - Thursday only (no holidays).