ALBERTA PRECISION LABORATORIES
Leaders in Laboratory Medicine

Special Coagulation Testing Requisition
Hemostasis Investigations

For detailed testing information, refer to
APL Test Directory *(**http://ahsweb.ca/lab/apl-td-lab-test-directory**)*

Scanning Label or Accession # *(lab only)*

Patient

PHN Expiry: _____	Date of Birth *(dd-Mon-yyyy)*		
Legal Last Name	Legal First Name	Middle Name	
Alternate Identifier	Preferred Name	☐ Male ☐ Female ☐ Non-binary ☐ Prefer not to disclose	Phone
Address	City/Town	Prov	Postal Code

Provider(s)

Authorizing Provider Name *(last, first, middle)*			Copy to Name *(last, first, middle)*	Copy to Name *(last, first, middle)*
Address		Phone	Address	Address
CC Provider ID	CC Submitter ID	Legacy ID	Phone	Phone
Clinic Name			Clinic Name	Clinic Name

Collection

Date *(dd-Mon-yyyy)*	Time *(24 hr)*	Location	Collector ID

DO NOT USE THIS REQUISITION FOR ROUTINE COAGULATION STUDIES *(INR, PTT, FIBRINOGEN, ANTI-Xa, D-DIMER),* ANTIPHOSPHOLIPID ANTIBODY/LUPUS WORKUP OR ADVANCED PLATELET STUDIES.

TESTING WILL BE CANCELLED IF REQUISITION IS INCOMPLETE.

Answer All Order Questions

Is the patient currently on any anticoagulants? *(Select all that apply)* Last Dose Date *(dd-Mon-yyyy)* _____

☐ None ☐ Heparin *(unfractionated or low-molecular)* ☐ Vitamin K Antagonist *(eg. warfarin)*

☐ Other *(eg. apixaban, rivaroxaban, fondaparinux, dabigatran, etc)* _____

Has the patient been diagnosed with a bleeding disorder?

☐ Yes ► *Please specify* _____ ☐ No

Does the patient have a family history of bleeding or bleeding disorder?

☐ Yes ► *Please specify* _____ ☐ No

Does the patient have a history of bleeding? *(Select all that apply)* ☐ No

☐ Joint ☐ Epistaxis ☐ Menorrhagia ☐ Skin *(petechiae /bruising)* ☐ Muscle

☐ Peri-operative ☐ Post-operative ☐ Post-partum ☐ Other *(specify)* _____

Has the patient received blood components or plasma derivatives? *(Select all that apply)* ☐ No

Last Dose Date *(dd-Mon-yyyy)* _____

☐ Plasma ☐ Cryoprecipitate ☐ Fibrinogen concentrate ☐ Prothrombin complex concentrates

☐ Factor VIII (☐ extended half-life) ☐ Factor IX (☐ extended half-life) ☐ Factor XIII (☐ extended half-life)

☐ Von Willebrand factor/Factor VIII complex ☐ Anti-inhibitor coagulant complex *(e.g. FEIBA)*

☐ Recombinant factor VIIa ☐ Platelets ☐ Emicizumab ☐ Other *(specify)* _____

Test(s) Requested

Von Willebrand Disease (vWF) Evaluation

☐ vWD Screening Evaluation *(Includes FVIII activity, vWF antigen and vWF function)*

☐ vWF Antigen Only

Inhibitor Screens ☐ PTT Inhibitor Screen ☐ PT Inhibitor Screen ☐ Lupus Anticoagulant

PTT-Based Factor Assays

☐ Factor VIII Activity ☐ Factor IX Activity ☐ Factor XI Activity ☐ Factor XII Activity

PT-Based Factor Assays

☐ Factor II Activity ☐ Factor V Activity ☐ Factor VII Activity ☐ Factor X Activity

Specific Inhibitor Screen ☐ Factor VIII Inhibitor ☐ Factor IX Inhibitor ☐ Other _____

Hematologist Orderable Only ☐ Factor XIII ☐ Chromogenic Factor VIII Activity ☐ Chromogenic Factor IX Activity