ALBERTA PRECISION LABORATORIES
Leaders in Laboratory Medicine

Special Coagulation Testing Requisition Hereditary Thrombophilia Investigations

Scanning Label or Accession # *(lab only)*

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

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	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 OR ANTI -XA) OR ANTIPHOSPHOLIPID ANTIBODY/LUPUS WORKUP OR ADVANCED PLATELET STUDIES. TESTING WILL BE CANCELLED IF REQUISITION IS INCOMPLETE

Answer all 3 questions

Is the patient currently on any anticoagulants? *(Select all that apply)*

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

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

Is the patient currently pregnant or post-partum? ☐ Yes ☐ No

Is the patient on any estrogen containing medication *(including birth control)*? ☐ Yes ☐ No

Answer questions in order

Are you a member of Thrombosis Medicine, High-Risk Fetomaternal Medicine, Pediatric Hematology or Clinical Genetics Specialty Groups?

☐ Yes ► Proceed to "Test(s) Requested" ☐ No ► Proceed to next question

Has a member of the above specialty groups recommended testing?

☐ Yes ► Name of Consultant _____ Proceed to "Test(s) Requested" ☐ No ► Proceed to next question

Has there been an acute thrombotic episode within the last 3 months?

☐ Yes ► Testing NOT required; requested tests will be auto-cancelled ☐ No ► Proceed to next question

Is there a previously positive thrombophilia test that requires confirmatory testing?

☐ Yes ► Describe _____ Proceed to "Test(s) Requested" ☐ No ► Proceed to next question

Does a first-degree relative have a known inherited thrombophilia and patient is considering pregnancy or hormone use?

☐ Yes ► Describe _____ Proceed to "Test(s) Requested" ☐ No ► Proceed to next question

Is testing ordered because of pregnancy loss or pregnancy complications?

☐ Yes ► Testing NOT required; requested tests will be auto-cancelled ☐ No ► Proceed to next question

Is patient <50 years with history of unprovoked (no preceding surgery, trauma or prolonged immobility) venous thrombosis OR had at least one venous thrombosis at an unusual site (not including unilateral leg DVT, superficial or retinal thrombosis)?

If **Yes** *(to one or both)*: Proceed to "Test(s) Requested If **No**: Testing NOT required; requested test(s) will be auto-cancelled.

Test(s) Requested

☐ Factor V Leiden ☐ Prothrombin 20210 ☐ Protein C ☐ Protein S ☐ Antithrombin

☐ Antiphospholipid Syndrome Investigation *(includes lupus anticoagulant, anti-cardiolipin antibody and anti-beta-2-glycoprotein antibody tests)*