

# Special Coagulation Testing Requisition Thrombosis 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)

<b>Patient</b>	PHN		Expiry: _____		Date of Birth (dd-Mon-yyyy)	
	Legal Last Name			Legal First Name		Middle Name
	Alternate Identifier		Preferred Name		<input type="checkbox"/> Male <input type="checkbox"/> Non-binary	<input type="checkbox"/> Female <input type="checkbox"/> Prefer not to disclose
	Address		City/Town		Prov	Postal Code
<b>Provider(s)</b>	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
<b>Collection</b>	Date (dd-Mon-yyyy)		Time (24 hr)	Location		Collector ID
<b>DO NOT USE THIS REQUISITION FOR ROUTINE COAGULATION STUDIES (INR, PTT, FIBRINOGEN OR ANTI -Xa) OR ADVANCED PLATELET STUDIES. TESTING WILL BE CANCELLED IF REQUISITION IS INCOMPLETE</b>						
<b>Answer all 3 questions</b>	<b>Is the patient currently on any anticoagulants?</b> (Select all that apply)					
	<input type="checkbox"/> None <input type="checkbox"/> Heparin (unfractionated or low-molecular) <input type="checkbox"/> Vitamin K Antagonist (eg. warfarin) <input type="checkbox"/> Other (eg. apixaban, rivaroxaban, fondaparinux, dabigatran, etc) _____					
	<b>Is the patient currently pregnant or post-partum?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No					
<b>Is the patient on any estrogen containing medication (including birth control)?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No						
<b>Answer questions in order</b>	<b>Are you a member of Thrombosis Medicine, High-Risk Pregnancy, Pediatric Hematology or Clinical Genetics Specialty Groups?</b>					
	<input type="checkbox"/> Yes ► Proceed to "Test(s) Requested" <input type="checkbox"/> No ► Proceed to next question					
	<b>Has there been an acute thrombotic episode within the last 3 months?</b>					
	<input type="checkbox"/> Yes ► Testing NOT required; requested tests will be auto-cancelled <input type="checkbox"/> No ► Proceed to next question					
	<b>Is there a previously positive thrombophilia test that requires confirmatory testing?</b>					
	<input type="checkbox"/> Yes ► Proceed to "Test(s) Requested" <input type="checkbox"/> No ► Proceed to next question					
	<b>Does a first-degree relative have a known inherited thrombophilia and patient is considering pregnancy or hormone use?</b>					
<input type="checkbox"/> Yes ► Proceed to "Test(s) Requested" <input type="checkbox"/> No ► Proceed to next question						
<b>Is testing ordered because of pregnancy loss or pregnancy complications?</b>						
<input type="checkbox"/> Yes ► Testing NOT required; requested tests will be auto-cancelled <input type="checkbox"/> No ► Proceed to next question						
Has the patient had at least one unprovoked (no preceding surgery, trauma or prolonged immobility) venous thrombosis under age of 50? <input type="checkbox"/> Yes <input type="checkbox"/> No						
<b>OR</b>						
Has the patient had at least one venous thrombosis at an unusual site? <b>Sites that DO NOT qualify as unusual include unilateral leg DVT, superficial vein thrombosis and retinal vein thrombosis.</b> <input type="checkbox"/> Yes <input type="checkbox"/> No						
If <b>Yes</b> (to one or both): Proceed to "Test(s) Requested" If <b>No</b> : Testing NOT required; requested test(s) will be auto-cancelled.						
<b>Test(s) Requested</b>	<input type="checkbox"/> Factor V Leiden <input type="checkbox"/> Prothrombin 20210 <input type="checkbox"/> Protein C <input type="checkbox"/> Protein S <input type="checkbox"/> Antithrombin <input type="checkbox"/> Antiphospholipid Syndrome Investigation (includes lupus anticoagulant, anti-cardiolipin antibody and anti-beta-2-glycoprotein antibody tests)					