Clinical Laboratory Services Queen Elizabeth Hospital

## LABORATORY FORM or RECORD

**CONTROLLED DOCUMENT** 

## REQUEST FOR INVESTIGATION OF COAGULATION DISORDERS AT UNIVERSITY HOSPITALS BIRMINGHAM.

Requests for Urgent Assays and all Enquiries to: Special Coagulation 0121 371 5988

REQUESTING HOSPITAL				Direct conta	ct no.				
SURNAME				FORENAME					
NHS/Local Registration No.					Date of Birth				
GENDER M/F/U		M/F/U			Name of Sender				
DIAGNOSIS/CLINICAL DETAILS AND CURRENT TREATMENT (e.g. anticoagulants, blood products etc):-									
? PREGNANT (sta	PREGNANT (state weeks gestation): Y/N ? RECENT MISCARRIAGE: Y/N								
Specimen Type			Date of Collection			Time of Collection			
TESTS REQUIRED:									
Thrombophilia	Protein C			Antithrombin		Pr	otein S		
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Thrombophilia	Protein C	Antithrombin	Protein S	
Screen	Lupus Screen	Factor V Leiden	Prothrombin G20210A	
von Willebrand screen	FVIII	vWF:Ag	vWF:Rcof	
ELISA Assays	vWF Collagen Binding Assay (CBA)	HIT Screen (serum)	ADAMTS-13 Activity / Inhibitor	* Please complete separate ADAMTS13 request form
Other Assays:	Bethesda Assay (FVIII Inhibitor)	Factor Assays, please state:	Anti-Xa Assay (Please state anticoagulant)	

## LOCAL RESULTS:

PT (secs)	INR	INR APTT (secs)		Fibrinogen (g/l)	TT (secs)	
Mixing Studies:						
Others:						

**SAMPLE REQUIREMENTS:** Samples must be 'double spun' – Centrifuge primary samples at 2500rpm for 15 minutes and then remove the plasma and pool into a plastic tube and re-centrifuge this pooled plasma at 4000rpm for 10 minutes. Please note HIT Assays require one clotted sample.

All samples <u>EXCEPT Factor V Leiden and/or Prothrombin G20210A</u> should be sent frozen and packed with ice in an insulated transport container. Samples for Factor V Leiden and/or Prothrombin G20210A should be refrigerated and then sent at ambient temperature packaged separately from any frozen samples (samples stored in this way are viable for up to 4 weeks).

<u>SAMPLE LABELLING:</u> A minimum of surname, forename and DOB must be present on each sample/aliquot. (Note: local hospital number cannot be accepted as a third point of ID).

Thrombophilia and von Willebrand requests: 4 x 1.0ml plasma aliquots Factor assays/Bethesda assay/Anti-Xa assay: 2 x 1.0ml plasma aliquots

**ADAMTS-13 Assays:** 2 x 1.0ml plasma aliquots **HIT Screen Assays:** 2 x 1.0ml serum aliquots

Factor V Leiden & Prothrombin G20210A: 1 x citrate or EDTA sample (preferably unseparated)

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