

**NOTE: PLEASE REFER TO THE BACK OF THIS REQUISITION FOR SPECIMEN HANDLING INSTRUCTIONS**

**UNIVERSITY OF MICHIGAN HOSPITALS & HEALTH CENTERS**

**DEPARTMENT OF PATHOLOGY**

Testing / Diagnostic / Screening  
Requisition - Coagulation Laboratory

**RESULTS  
REPORTING  
LOCATION  
CODE:**

MRN:

NAME:

BIRTHDATE:

CSN:

- Routine  
 STAT

ORDER DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_  
(mm/dd/yyyy)

ICD-9 Code/Diagnosis:		Ordering Clinician to receive report: <input type="checkbox"/> See label above	
Collected by:			UMHS Dr. #: _____
Collected Date: ____/____/____	Collection Time: ____:____am/pm	Attending Physician: (if different from above)	UMHS Dr. #: _____

**COAGULATION**

**Send specimen at room temperature for all studies ordered.**

**Important!** Please indicate:  DDAVP  Pre  Post  Argatroban  Rivaroxaban  
 Heparin  Bivalarudin  Apixaban  
 Enoxaparin  Dabigatran  
 Coumadin / Warfarin  Other: \_\_\_\_\_

- |                                       |                                       |          |                                     |  |                  |
|---------------------------------------|---------------------------------------|----------|-------------------------------------|--|------------------|
| <input type="checkbox"/> <b>PT7</b>   | Prothrombin Time/INR                  | <b>B</b> | <input type="checkbox"/> <b>DIC</b> | Disseminated Intravascular Coagulation   |                  |
| <input type="checkbox"/> <b>PTT</b>   | Activated Partial Thromboplastin Time | <b>B</b> |                                     | (includes PT7, PTT, Fib, Adv Dimer, PLT) | <b>B &amp; L</b> |
| <input type="checkbox"/> <b>FIB</b>   | Fibrinogen (Clottable)                | <b>B</b> |                                     |  |                  |
| <input type="checkbox"/> <b>Dimer</b> | D-Dimer                               | <b>B</b> |                                     |  |                  |

- |                                      |         |   |          |                                       |          |                        |          |
|--------------------------------------|---------|---|----------|---------------------------------------|----------|------------------------|----------|
| <input type="checkbox"/> <b>UNFH</b> | Anti-Xa | Unfractionated (Standard) heparin units | <b>B</b> | <input type="checkbox"/> <b>ARGAT</b> | Anti-IIa | Argatroban Level       | <b>B</b> |
| <input type="checkbox"/> <b>LMWH</b> | Anti-Xa | Low Molecular Weight Heparin units      | <b>B</b> | <input type="checkbox"/> <b>DABIG</b> | Anti-IIa | Dabigatran Level       | <b>B</b> |
| <input type="checkbox"/> <b>ARIX</b> | Anti-Xa | Fondaparinux Level                      | <b>B</b> | <input type="checkbox"/> <b>HITAB</b> |          | Heparin Antibody Assay | <b>B</b> |

Coagulation Factor Assay:

- |                                     |        |          |
|-------------------------------------|--------|----------|
| <input type="checkbox"/> <b>F2</b>  | II:C   | <b>B</b> |
| <input type="checkbox"/> <b>F5</b>  | V:C    | <b>B</b> |
| <input type="checkbox"/> <b>F7</b>  | VII:C  | <b>B</b> |
| <input type="checkbox"/> <b>F8</b>  | VIII:C | <b>B</b> |
| <input type="checkbox"/> <b>F9</b>  | IX:C   | <b>B</b> |
| <input type="checkbox"/> <b>F10</b> | X:C    | <b>B</b> |
| <input type="checkbox"/> <b>F11</b> | XI:C   | <b>B</b> |
| <input type="checkbox"/> <b>F12</b> | XII:C  | <b>B</b> |
| <input type="checkbox"/> <b>F13</b> | XIII   | <b>B</b> |

Prothrombotic Evaluation:

- |                                       |                                |          |
|---------------------------------------|--------------------------------|----------|
| <input type="checkbox"/> <b>AT3</b>   | Antithrombin Activity          | <b>B</b> |
| <input type="checkbox"/> <b>ATAGN</b> | Antithrombin Antigen           | <b>B</b> |
| <input type="checkbox"/> <b>PLAS</b>  | Plasminogen Activity           | <b>B</b> |
| <input type="checkbox"/> <b>FIB</b>   | Fibrinogen (clottable)         | <b>B</b> |
| <input type="checkbox"/> <b>FBAGN</b> | Fibrinogen Antigen             | <b>B</b> |
| <input type="checkbox"/> <b>PCA</b>   | Protein C Activity             | <b>B</b> |
| <input type="checkbox"/> <b>PCAG</b>  | Protein C Antigen              | <b>B</b> |
| <input type="checkbox"/> <b>PSAGF</b> | Protein S Antigen Free         | <b>B</b> |
| <input type="checkbox"/> <b>APCR</b>  | Activated Protein C Resistance | <b>B</b> |

By Appointment only: Call 6-5316 M-F, 8 am - 4 pm

**AGG** Platelet Aggregation and Secretion

Coagulation Factor Inhibitor:

- |                                       |   |           |
|---------------------------------------|---|-----------|
| <input type="checkbox"/> <b>MIXST</b> | Inhibitor Screen (Mixing Study)                 | <b>2B</b> |
| <input type="checkbox"/> <b>INH8</b>  | Inhibitor VIII                                  | <b>B</b>  |
| <input type="checkbox"/> <b>INH9</b>  | Inhibitor IX                                    | <b>B</b>  |
| <input type="checkbox"/>              | Specific Factor Inhibitor, specify factor _____ | <b>B</b>  |

Other Coagulation:

- |  |   |           |
|--|---|-----------|
| <input type="checkbox"/> <b>LASAY</b>  | Lupus Anticoagulant (Includes PTT, DRVVT, Hexag, PT7) | <b>2B</b> |
| <input type="checkbox"/> <b>DRVVT</b>  | Dilute Russell's Viper Venom Test                     | <b>B</b>  |
| <input type="checkbox"/> <b>HEXAG</b>  | Hexagonal Phospholipid Neutralization                 | <b>B</b>  |
| <input type="checkbox"/> <b>TCTD</b>   | Thrombin Time   | <b>B</b>  |
| <input type="checkbox"/> <b>REPT</b>   | Reptilase Time  | <b>B</b>  |
| <input type="checkbox"/> <b>PS ADD</b> | Plasma samples (freeze as three aliquots)             | <b>2B</b> |
| <input type="checkbox"/> <b>CFX</b>    | Chromogenic Factor X                                  | <b>B</b>  |

von Willebrand's Disease Work-up:

- |                                       |                                |          |
|---------------------------------------|--------------------------------|----------|
| <input type="checkbox"/> <b>F8</b>    | Factor VIII:C                  | <b>B</b> |
| <input type="checkbox"/> <b>VWAGN</b> | von Willebrand Factor Antigen  | <b>B</b> |
| <input type="checkbox"/> <b>VWF</b>   | von Willebrand Factor Activity | <b>B</b> |

Molecular Diagnostic Lab: (6-0565)

- |   |          |
|---|----------|
| <input type="checkbox"/> <b>Factor V Leiden</b>   | <b>L</b> |
| <input type="checkbox"/> <b>Prothrombin 20210</b> | <b>L</b> |

Chemical Pathology Lab: (6-6702)

- If indicated:  **PLYM** von Willebrand Factor Multimers **B**  **HCY** Total Plasma Homocysteine **L**

- |                                       |                                |          |
|---------------------------------------|--------------------------------|----------|
| <input type="checkbox"/> <b>ADAMA</b> | ADAMTS-13 Evaluation           | <b>B</b> |
| <input type="checkbox"/> <b>ASPFT</b> | Aspirin Platelet Function Test | <b>B</b> |
| <input type="checkbox"/> <b>P2Y12</b> | Plavix Platelet Function Test  | <b>B</b> |