



Attach barcode here

Patient:
Address:
Date of birth: / / Sex:
Billing:

Collected: :
Received: :
Tested: :

Spec in: <input type="checkbox"/> Dry ice <input type="checkbox"/> Cold
<input type="checkbox"/> Room temperature
Control: <input type="checkbox"/> Yes <input type="checkbox"/> No

Doctor:
Hospital:

Reg. lab.
Scientist:

Test APTT:
Control APTT:

Coagulation studies (CS) (Adult ranges given)

NR	Range
Platelet count	x10 ⁹ /ul 150–400
Prothrombin time	secs
INR	
APTT	secs 26–42 (M) 24–40 (A)
TCT	secs 16–23
Heat/SQF/Clauss FIB	g/l 2.0–6.0
D Dimer (FDP)	mg/l < 0.2
Echis time	sec 12–17
Factor XIII	normal
Reptilase	sec 12–15

Platelet aggregations		Range
Ristocetin	1.3 ug/ml	60–100%
	0.43 ug/ml	< 10%
Collagen	10 ug/ml	50–100%
ADP	9 ug/ml	20–100%
	20 ug/ml	40–100%
Arachidonic acid	75mM	50–100%
Adrenalin	1 ug/ml	40–100%
Mepacrine		NR > 60%
PFA	Epi	82–160
	ADP	42–120

von Willebrand Screen (vWS)				
ABO Group: <input style="width: 100px;" type="text"/>				
vWS	Current	Rerun	Previous	Range
VIII _c				
VIII _c 1/20				
vWF:Ag				
vWF:RCof				
vWF:CBA				
vWF:CBA/vWF:Ag				0.5–10.0
Intrinsic (The normal range for all factors is: 0.5–2.0 U/ml)				
Factor VIII (CS8)			U/ml	0.5–2.0
Factor IX (CS9)			U/ml	0.5–2.0
Factor XI (CS11)			U/ml	0.5–2.0
Factor XII (CS12)			U/ml	0.5–2.0
Extrinsic (The normal range for all factors is: 0.5–2.0 U/ml)				
Factor II (CS2)			U/ml	0.5–2.0
Factor V (CS5)			U/ml	0.5–2.0
Factor VII (CS7)			U/ml	0.5–2.0
Factor X (CS10)			U/ml	0.5–2.0

Mixing studies: APTT: Immediate mix
Patient
NP
(1:1) Pt:NP

Thrombosis screen		Range
Antithrombin III (AT3)	%	75–150%
Protein C (PROTC)	U/ml	0.7–2.00
Protein S (Free) (PRSF)	U/ml	0.55–2.00
Lupus anticoagulant:	<input type="checkbox"/> Detected <input type="checkbox"/> Not detected <input type="checkbox"/> Equiv <input type="checkbox"/> La Heparin	
ØKCT		secs 0–13 (–)
RVV ratio		0.9–1.2 (÷)
LA confirm ratio		0.9–1.2 (÷)
d RVV ratio		0.9–1.2 (÷)
APC: Resistance (APC)		>2.0 mod (÷)
Factor V Leiden PCR		(MND, HED, HOD)
Prothrombin 20210A		(MND, HED, HOD)
Hep Cof II (HCOF)	%	65–145%
t-PA (TTPA)		U/ml 0.22–0.80
PAI-1 (PA1)		U/ml 0–12

Comment:



COLLECTORS PLEASE NOTE:
Mark the citrate tube with a stripe across
the lid for **ALL** of these tests.

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Patient's name:	Date of birth: / /
List any medications you have taken in the last 10 days. Include medications not prescribed by a doctor (aspirin, oral contraceptives, vitamins)	

Please complete either Venous thrombosis (blood clotting) investigation and Account statement or Bleeding investigation (and/or Pre-operative screen)

Venous thrombosis (blood clotting) investigation

Tests: Thrombophilia screen, Protein C, Protein S, APCR, Factor V Leiden, P20210A, Anti-thrombin III, or Lupus anticoagulant combined with any of the preceding tests.

You may have to pay a fee for these tests—unless you meet specific Medicare criteria.

Have YOU had any previous episodes of thrombosis (blood clotting) in the veins?

- No. You will have to pay a fee for the test(s)—a Medicare rebate is NOT available. Please proceed to the next question.
 Yes. A Medicare rebate is available.

Are YOU a first-degree relative of someone with a PROVEN inherited clotting disorder AND are you being tested for that defect ONLY?

- No. You will have to pay a fee for the test(s)—a Medicare rebate is NOT available.
 Yes. A Medicare rebate is available. Please give further details of your relative with a proven inherited clotting disorder:

Name: Relationship to you:

You WILL have to pay a fee for tests associated with: the investigation of a family history of clotting (Deep Vein Thrombosis (DVT)/Pulmonary embolism (PE)); stroke (CVA); Trans-ischemic attack (TIA); thrombosis in the artery; the investigation of infertility; miscarriage; or before going on the oral contraceptive pill (OCP), or if your doctor marks your request form: 'Medicare criteria not met'.

Account statement

- Yes, I agree to pay any fees associated with these tests in full. Please proceed with testing.**
 No, do not proceed with testing. Sullivan Nicolaides Pathology recommends that you consult your doctor.

Signed: Date: / /

Please tick one: Patient Agent Carer

Bleeding investigation (and/or Pre-operative screen)

Tests: Coagulation screen, von Willebrand screen, von Willebrand Factor assays, or Lupus anticoagulant only.

ALL tests in this section qualify for a Medicare rebate.

Will you be having surgery in the near future? (e.g. tooth extraction, liver biopsy) No Yes If 'Yes', please give further details:

Type of surgery: Date: / / Time:

Have you ever bled excessively after surgery, tooth extractions, or childbirth? No Yes

Have you had any other abnormal bleeding recently? (e.g. nosebleeds, heavy periods) No Yes If 'Yes', please give further details:

Do you bruise more easily than other people? No Yes If 'Yes', please give further details:

How long have you had this tendency to bruise (is it a recent development, or have you had it all your life)?

Does your bruising occur as a result of a small knock or for no apparent reason? No Yes

Do you have any relatives who suffer from bleeding disorders? (Haemophilia, von Willebrand's disease) No Yes

If 'Yes', please give further details of your relative with a bleeding disorder:

Name: Relationship to you: