ARUP LABORATORIES

A nonprofit enterprise of the University of Utah and its Department of Pathology

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THIS IS NOT A TEST REQUEST FORM.
Please fill out this form and email to coagulation811@aruplab.com
or submit it with the test request form or electronic packing list.

PROLONGED CLOT TIME REFLEXIVE PROFILE PATIENT HISTORY FORM

Patient Name: _____ **Date of Birth:** _____

Sex Assigned at Birth: ☐Female ☐Male ☐_____ **Gender Identity (optional):** ☐Female ☐Male ☐_____

Ordering Physician: _____

Physician Office Contact: _____ **Office Phone:** _____

This panel is designed to evaluate prolonged clotting times when cause is unknown. Condition-specific testing is recommended if the cause for the prolonged clotting time is known (e.g., factor deficiency, inhibitor, or von Willebrand disease).

Identify the clinical presentation related to the work-up of a prolonged clotting time.

☐ Bleeding
☐ Thrombosis
☐ Unexpected clotting time prolongation

Which clotting time test is prolonged at the referring location?

☐ PT
☐ aPTT
☐ dRVVT
☐ Thrombin time

If patient has taken any coagulation-related medication in the past 7 days, indicate date last given: _____

Current anticoagulant medications may interfere with the testing and cause erroneous results.

☐ Coumadin (warfarin)
☐ Unfractionated heparin
☐ Arixtra (fondaparinux)
☐ Vitamin K
☐ Thrombolytic (such as t-PA)
☐ Direct thrombin inhibitor: Pradaxa (dabigatran), Acova (argatroban), Angiomax (bilvalirudin)
☐ Low-molecular-weight heparin: Lovenox (enoxaparin), Fragmin (dalteparin)
☐ Direct Xa inhibitor: Xarelto (rivaroxaban), Eliquis (apixaban), Savaysa (edoxaban)

Has transfusion or replacement factor been given within the past 72 hours? Treatment may affect testing results.

☐ No

☐ Yes:
- ☐ DDAVP
- ☐ Cryoprecipitate
- ☐ Fresh frozen plasma
- ☐ VWF concentrate
- ☐ FVIII concentrate
- ☐ IX concentrate
- ☐ Other product (specify): _____

Email completed form to coagulation811@aruplab.com