
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.

PATIENT HISTORY FOR PROLONGED CLOT TIME REFLEX PANEL

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

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