

HMDL COAGULATION REQUISITION: R7251
(MRL - MDL IA)

Facility Name: _____

Contact Person: _____

Facility Billing Address: _____

| | | | | |
|--------------------|--------------|-------------------|----------------------|-----|
| Last Name | First Name | Middle Initial | Date of Birth | Sex |
| Ordering Physician | Phone Number | After Hours Phone | Collection Date/Time | |

Laboratory Tests

| Test Name | Order Mnemonic | Test Name | Order Mnemonic |
|---|----------------|---|----------------|
| ROUTINE COAGULATION | | ANTICOAGULANT MONITORING | |
| <input type="checkbox"/> Prothrombin Time | PT | <input type="checkbox"/> Direct Thrombin Inhibitor Activity (Dabigatran, Bivalirudin, Argatroban) | DTI |
| <input type="checkbox"/> Partial Thromboplastin Time | PTT | <input type="checkbox"/> Heparin PF4 Antibody (IgG) | HPAB |
| <input type="checkbox"/> Thrombin Time | THROM | <input type="checkbox"/> Apixaban (Eliquis) Activity (Anti-Xa) | APIXA |
| <input type="checkbox"/> Fibrinogen | FIBR | <input type="checkbox"/> Fondaparinux Activity (Anti-Xa) | ARIXA |
| <input type="checkbox"/> D-Dimer, Quantitative | DDIMR | <input type="checkbox"/> Rivaroxaban (Xarelto) Activity (Anti-Xa) | RIVXA |
| <input type="checkbox"/> 1:1 Mix (PT and PTT), w/Interpretation | MIX | <input type="checkbox"/> Unfractionated Heparin Activity (Anti-Xa) | XAUFH |
| FACTOR ASSAYS | | <input type="checkbox"/> Low Molecular Weight Heparin Activity (Anti-Xa) | XALMW |
| <input type="checkbox"/> Factor II Activity | FAC2 | PLATELET FUNCTION STUDIES <i>Tests are time-sensitive and must be received within 1 or 4 hrs after collection depending on test. Please deliver to Houston Methodist Lab immediately upon draw.</i> | |
| <input type="checkbox"/> Factor V Activity | FAC5 | | |
| <input type="checkbox"/> Factor VII Activity | FAC7 | <input type="checkbox"/> Platelet Aggregation | PLTAG |
| <input type="checkbox"/> Factor VIII Activity | FAC8 | <input type="checkbox"/> VerifyNow P2Y12 | P2Y |
| <input type="checkbox"/> Factor IX Activity | FAC9 | <input type="checkbox"/> VerifyNow Aspirin | ASPPD |
| <input type="checkbox"/> Factor X Activity | FAC10 | <input type="checkbox"/> Platelet Function Analyzer | PFA |
| <input type="checkbox"/> Factor XI Activity | FAC11 | VON WILLEBRAND FACTOR ASSAYS | |
| THROMBOPHILIA ASSAYS | | <input type="checkbox"/> von Willebrand Factor Panel | VWDPN |
| <input type="checkbox"/> Antithrombin Activity | AT3 | <input type="checkbox"/> von Willebrand Factor Antigen | VWVAG |
| <input type="checkbox"/> Protein C Activity | FUNPC | <input type="checkbox"/> von Willebrand Factor Immunofunctional Activity | VWFI |
| <input type="checkbox"/> Protein S Activity | FUNPS | <input type="checkbox"/> von Willebrand Factor Collagen Binding | VWFCEB |
| <input type="checkbox"/> Protein S Free Antigen | FREPS | <input type="checkbox"/> von Willebrand Factor Multimers | VWFML |
| <input type="checkbox"/> Protein S Total Antigen | TOTPS | <input type="checkbox"/> von Willebrand Factor Ristocetin Induced Platelet Aggregation (VWD2B) | RISPN |
| <input type="checkbox"/> Factor V Leiden Mutation | FAC5L | <input type="checkbox"/> Factor VIII Activity | FAC8 |
| <input type="checkbox"/> Lupus Inhibitor | LUPUS | OTHERS: Specify | |
| <input type="checkbox"/> Factor II (Prothrombin) Mutation | PTPCR | <div style="border: 1px solid black; padding: 5px;"> For <u>ANY</u> Culture, Give Specimen Source / Date & Time of Collection </div> | |

Please forward specimens and completed order form to:

Houston Methodist Diagnostic Laboratories
6565 Fannin Street, Dunn Tower
Second Floor, D2-109
Houston, TX 77030
(713) 441-4411

Regular Business Hours (7:00 am to 5:30 pm)

Call Result to:

Fax Result to:

After Hours and Weekends/Holidays

Call Result to:

Fax Result to: