Benefits of providing COMPLETE and LEGIBLE information:

- Reduces turn around time when processing patient samples
- Promotes patient safety through reduced transcription errors

Patient Identification MUST include:

- ✓ First and last name
- ✓ PHN or unique identifier
- ✓ Date of Birth

Unmatched Requests: as much patient information as possible MUST be supplied prior to the issue of unmatched products

THROMBOPHILIA INVESTIGATION
(CLOTTING DISORDER)

Date of Birth ____ (DD

Address ____

Failure to supply required information will lead to delays in service

Collection Date, Time and Location: ____

Requesting Physician: ____ Ph

Additional Reports to: ____

PLEASE PRINT CLEARLY

Reason(s) for request: (please see information on back of requisition) –

❑ Venous thrombotic event(s):

Please provide approximate date/age at time of event(s), anatomic site, and circumstances

❑ Arterial thrombotic event(s):

Please provide approximate date/age at time of event(s), anatomic site, and circumstances

❑ Positive family history: **Please provide details below, including documented thrombophilic state(s)**

Known risk factors: (please check all that apply)

	ONGOING	RESOLVED
❑ Smoking	❑	❑
❑ Surgery - Date/description:	❑	❑
❑ Pregnancy - Estimated date of delivery:	❑	❑
❑ Oral contraceptive	❑	❑
❑ Hormone replacement therapy	❑	❑
❑ Obesity	❑	❑
❑ Trauma	❑	❑
❑ Immobility / paralysis	❑	❑
❑ Recent Travel	❑	❑

Current situation:

	YES	NO
Thrombotic event within past three months	❑	❑
On anticoagulant therapy Please Specify:	❑	❑

When will it be discontinued?

Form # 101521 (S) 10/03