Chec	k box(es) to mark request(s) - DO NOT USE HIGHLIGHTER	W Health	Clinical Laboratories	
Patie	nt name:	University of Wisconsin Hospital and Clinics	600 Highland Ave., Madison WI 53792-2472 (608) 263-7060	
	Sex: M F	ALL FIELDS ARE RE	COLURED	
Client	t Patient ID:	UWHC Autogen # (Fo	r UWHC Lab Use Only):	
	Bill to WI Medical Assistance		Client Code	
Pro	ovide requested information if Wisconsin Medicaid Assistance:	Address:		
Home Address:		0:: /0: 1 /7:		
City/State/Zip:		City/State/Zip	City/State/Zip	
		Collect Date	Collect Time	
WI Medical Assistance #		Billing/Authorizing Pro	Billing/Authorizing Provider (Attending MD, NP, PA): - Please Print:	
Provider Signature		_		
Sig	gnature Date/Time	_		
ICI	D-9, ICD-10 or Diagnosis Required	Fax #:		
	,	Contact #:		
Whe	en ordering tests for which Medicare reimbursement will be sought, phy			
are	medically necessary for the diagnosis or treatment of a patient rather the	an for screening purposes.		
REQUIRED: Heparin: No Yes Warfarin: No Yes Other medications: List all medications, prescription and non-prescription, taken in the last 10 days (e.g. aspirin, ibuprofen, etc.)				
For specific instructions or handling information for each test, refer to www.uwhealth.org and search for "Laboratory Test Directory" or call the Special				
Coa	agulation Laboratory at (608) 263-5005.			
HY	PERCOAGULATION TESTS	VON WILLEBRAN		
	Antithrombin Activity - A3AC	☐ Factor VIII Acti		
	Protein C Activity - PC-ACT	□ Von Willebrand		
	Protein S Ag, Free - PSFREE -Not diagnostic unless		Activity - VWFACT	
_	is off or on a stable dose of Warfarin for at least one w		on Screen - PFS *SPECIAL HANDLING	
	Protein S Activity - PS-ACT -Test invalid when patient		elet Aggregation – RISTAGG	
_	Warfarin. Recommend off Warfarin at least one week	*SPECIAL HAI		
	Cardiolipin Ab, IgG/IgM - ACARD Lupus Anticoagulant* - LUPUS	" Please call (b	608) 263-5005 for instructions	
	(Invalid if patient is on heparin).	MISCELLANEOU	e TESTS	
	Test may include; PTT, Prothrombin Time/INR, Silica			
	Time, dilute Russell's Viper Venom Test, PTT Inhibito			
	Screen, Thrombin Time, Factor VIII.		& Thrombin Time Assays	
	Above selection based on individual patient results.		a manual manariasaya	
	Factor V Leiden by PCR - FVPCR		tivity, Reflex to Inhibitor - ADAMACT	
	Prothrombin Gene Mutation by PCR - PTPCR.		ed Platelet Ab - HEPAB	
	Send refrigerated, unopened, unspun lavender top		by anti-Xa method - HEPRN	
	DO NOT FREEZE	Indicate type		
			I (by anti-Xa method) - APIX	
FACTOR ACTIVITY ASSAYS / FACTOR INHIBITOR ASSAYS -		Dose and time	Dose and time administered	
Ma	y require Thrombin Time assay		_evel (by anti-Xa method) – FONDA	
	Factor II- F2A		evel (by anti-Xa method) - RIVA	
	Factor V- F5A (not Factor V Leiden)		e administered	
	Factor VII- F7A		gation - WBPA *SPECIAL HANDLING	
	Factor VIII- F8A	Must call (608)	263-5005 to schedule WBPA	

Factor X-F10A (not for Heparin Level by anti-Xa) ☐ Thrombin Time Inhibitor Screen - TTIS

Factor XI-F11A

Factor IX-F9A

Factor XII-F12A

Factor XIII Ag-F13AG

Factor Inhibitor Assay- FIA

Factor to be Assayed:

Please note: A factor activity for this inhibitor will be performed and billed in addition to the Inhibitor assay.

OTHER (Please print complete test name)

*SPECIAL HANDLING Please call (608) 263-5005 for instructions For Clopidogrel (Plavix):

☐ Platelet Reactivity Profile Includes: Platelet Reactivity (PRU), Platelet Aggregation ADP, Hematocrit, Platelet Count -ADPAGG, VNPRU

For Aspirin:

☐ Thrombin Time - CTT

☐ Platelet Aggregation AA, Hematocrit, Platelet Count -**AAAGG**