

Hemostasis Reference Laboratory

921 Terry Ave. | Seattle, WA 98104

Phone 206-689-6594 | Fax 206-689-8382

Laboratory Staffed for Questions 8:00am - 4:30pm Monday-Friday

PROFILES – (See next page for specific tests)

- | | |
|---|--|
| <input type="checkbox"/> Abnormal PT or aPTT Reflexive Evaluation | <input type="checkbox"/> Factor Inhibitor (other than Factor VIII or Factor IX)
<i>Specify Factor</i> _____ |
| <input type="checkbox"/> Intrinsic Factor Evaluation | <input type="checkbox"/> Lupus Anticoagulant |
| <input type="checkbox"/> Bleeding Diathesis with a Normal aPTT/PT | Platelet Aggregation (select one)* |
| <input type="checkbox"/> DIC Panel | <input type="checkbox"/> Complete Profile |
| <input type="checkbox"/> Extrinsic Factor Evaluation | <input type="checkbox"/> RIPA (Evaluation for VWD 2B) |
| <input type="checkbox"/> Fibrinogen Evaluation | <input type="checkbox"/> Platelet Function Assay (PFAs)* |
| <input type="checkbox"/> Fibrinolysis Evaluation | <input type="checkbox"/> Von Willebrand Disease (VWD) |
| <input type="checkbox"/> Factor VIII Inhibitor | |
| <input type="checkbox"/> Factor IX Inhibitor | |

INDIVIDUAL TESTS- (See next page for specimen requirements)

- | | |
|---|---|
| 3260-01 <input type="checkbox"/> ADAMTS 13 Testing (<i>performed in Platelet lab</i>) | 3210-10 <input type="checkbox"/> Factor II Activity |
| 3230-04 <input type="checkbox"/> Antiplasmin | 3210-11 <input type="checkbox"/> Factor V Activity |
| 3200-05 <input type="checkbox"/> aPTT (Abnormals reflex to 1:1 mix) | 3210-12 <input type="checkbox"/> Factor VII Activity |
| 3200-10 <input type="checkbox"/> aPTT 1:1 Mix (may reflex to incubated mix) | 3210-18 <input type="checkbox"/> Factor VIII Activity |
| 3200-05 <input type="checkbox"/> aPTT (Post-Heparin Removal)* | <input type="checkbox"/> 3210-13 one stage requested |
| 3210-27 <input type="checkbox"/> D-dimer (quantitative) | 3210-14 <input type="checkbox"/> Factor IX Activity |
| 3220-07 <input type="checkbox"/> dRVVT Screen (reflexes to dRVVT Confirm Ratio) | 3210-31 <input type="checkbox"/> Factor IX Activity – Pathromtin SL |
| 3220-08 <input type="checkbox"/> dRVVT Confirm Ratio | 3210-15 <input type="checkbox"/> Factor X Activity |
| 3210-06 <input type="checkbox"/> FDP in Plasma (semi-quantitative) | 3210-16 <input type="checkbox"/> Factor XI Activity |
| 3200-08 <input type="checkbox"/> Fibrinogen Activity | 3210-17 <input type="checkbox"/> Factor XII Activity |
| 3245-01 <input type="checkbox"/> Platelet Function Assay (PFA) Epinephrine/Collagen* | 3200-07 <input type="checkbox"/> Factor XIII Screen |
| 3245-02 <input type="checkbox"/> Platelet Function Assay (PFA) ADP/Collagen* | 3210-34 <input type="checkbox"/> Factor XIII Activity (quantitative) |
| 3200-04 <input type="checkbox"/> Prothrombin Time (Abnormals reflex to 1:1 mix) | 3210-20 <input type="checkbox"/> VWF Antigen ** |
| 3220-06 <input type="checkbox"/> STACLOT-LA (Hexagonal PL) | 3210-03 <input type="checkbox"/> VWF Activity by Ristocetin Cofactor ** |
| 3200-02 <input type="checkbox"/> Thrombin Time (Abnormals reflex to 1:1 mix) | 3210-26 <input type="checkbox"/> VWF Collagen Binding** |
| | 3210-24 <input type="checkbox"/> VWF Multimers** |
| | <input type="checkbox"/> Other: _____ |

Note: * See Sample Collection Requirements

** Von Willebrand profile must be ordered

DNA TESTING- (See back for shipping instructions)

Submitting laboratory is responsible for obtaining consent for genetic testing per state law. **New York State Patients only:** Check the box confirming consent was obtained.

- | | |
|---|---|
| 3250-05 <input type="checkbox"/> DNA/Factor VIII Inversion | 3250-08 <input type="checkbox"/> DNA von Willebrand Disease Type 2A/2B/2M |
| 3250-11 <input type="checkbox"/> Genotyping for known Hemophilia/VWD Mutation | 3250-09 <input type="checkbox"/> DNA von Willebrand Disease Type 2N |
| 3250-02 <input type="checkbox"/> DNA Hemophilia A Mutation Evaluation | 3250-17 <input type="checkbox"/> DNA von Willebrand Disease Evaluation |
| 3250-10 <input type="checkbox"/> DNA Hemophilia B Mutation Evaluation | |

SPECIMEN INFORMATION: Fill in ALL of Fields Below

Collection Date: DATE ____/____/____ TIME ____ am ____ pm

Drawn By: _____

History/Comments/Special instructions _____

Diagnosis/Purpose of Testing: _____

ICD10 Code _____

Medication:

Heparin Coumadin Aspirin Dabigatran Rivaroxaban Apixaban

Other _____ Date and Time of Last Dose _____

PATIENT NAME:

LAST		FIRST		M.I.	
Hospital					
Medical Record #		Sex (M/F)		Date of Birth (mm/dd/yy)	

PHYSICIAN NAME or authorized person ordering test

Last _____ First _____

Phone _____ Pager: _____

Contact Person _____ Phone _____

SEND REPORT TO:

Fax: _____

Name: _____

Street: _____

City, State, Zip: _____

SEND BILL TO (BWNW bills to institutions not to 3rd party payers)

Name _____

Street: _____

City, State, Zip _____

If the specimen is from an individual other than the affected patient:

Affected person's name: _____

Relationship to the Patient: _____

TESTS IN THE HEMOSTASIS PROFILES

Order only those tests that are medically necessary. Tests may be ordered individually.

For current test descriptions and CPT codes visit <https://www.bloodworksnw.org/labs/tests>.

Abnormal PT or aPTT Reflexive

Evaluation Profile

PT (3200-04)
aPTT (3200-05)
Thrombin Time (3200-02)
Fibrinogen Activity (3200-08)

Additional assays will be performed as indicated

Intrinsic Factor (abnormal aPTT)

Evaluation Profile

PT (3200-04)
aPTT (3200-05)
Factor VIII Activity (3210-18)
Factor IX Activity (3210-14)
Factor XI Activity (3210-16)
Factor XII Activity (3210-17)

Extrinsic Factor (abnormal PT)

Evaluation Profile

PT (3200-04)
aPTT (3200-05)
Factor II Activity (3210-10)
Factor V Activity (3210-11)
Factor VII Activity (3210-12)
Factor X Activity (3210-15)

Bleeding Diathesis with a Normal aPTT/PT Profile

aPTT (3200-05)
PT (3200-04)
Factor VIII Activity (3210-18)
Factor IX Activity (3210-14)
Factor XI Activity (3210-16)
VWD Profile
Factor XIII Screen (3210-34)
D-Dimer quantitative (3210-27)
FDP (3210-06)
Antiplasmin (3230-04)
Fibrinogen Activity (3200-08)

Factor VIII Inhibitor Profile

aPTT (3200-05)
aPTT 1:1 Mix x2 (3200-10)
(Includes incubated mix if indicated)
Factor VIII Activity (3210-13)
Factor VIII Inhibitor Titer (3220-22)

Factor Inhibitor Profile (non-Factor VIII)

PT (3200-04)
aPTT (3200-05)
Other Factor Inhibitor Titer (3220-02)
Specific Factor Activity

Fibrinogen Evaluation Profile

Fibrinogen Activity (3200-08)
Thrombin Time (3200-02)

Fibrinolysis Evaluation Profile

Abnormal PT or aPTT Reflexive Evaluation Profile
Antiplasmin (3230-04)
D-dimer quantitative (3210-27)
Fibrinogen Degradation Prod. (FDP) (3210-06)

Lupus Anticoagulant Profile

PT (3200-04)
aPTT (3200-05)
dRVVT Screen (3220-07)
STACLOT-LA (Hexagonal PL) (3220-06)
(Abnormal results reflex to following tests as indicated)
Thrombin Time (3200-02)
dRVVT Confirm (3220-08)

DIC Panel

aPTT (3200-05)
PT (3200-04)
Fibrinogen Activity (3200-08)
D-dimer quantitative (3210-27)
FDP (3210-06)

Complete Platelet Aggregation Profile

Platelet Function Assay (PFA) Profile
Platelet Aggregation Studies and Release (3240-01)

Selected agonists are run with the following special aggregation panels and do not include the PFA profile

RIPA- 2 concentrations of Ristocetin (3240-04)

Platelet Function Assay (PFA) Profile

Platelet Count (3200-06)
PFA Epinephrine/Collagen (3245-01)
PFA ADP/Collagen (3245-02)

VWD Profile

aPTT (3200-05)
Factor VIII Activity (3210-18)
VWF Activity by Ristocetin Cofactor (3210-03)
VWF Antigen (3210-20)
VWF Collagen Binding (3210-26)
(Included if VWF: Antigen is borderline normal or low).
VWF Multimers (3210-24) **(If indicated).**

Note: If the aPTT is prolonged and the factor VIII is normal, this panel reflexes to an aPTT Reflexive Evaluation Profile

HEMOSTASIS REFERENCE LABORATORY (206) 689-6594

SPECIMEN COLLECTION REQUIREMENTS

All coagulation testing is done using platelet-poor plasma from 3.2% sodium citrate collection tubes. Send two 5 ml or three 3 ml sodium citrate whole blood tubes. The specimen should be kept at Room Temperature (15-25°C) and received by the BloodworksNW, 921 Terry Avenue location, within 3 hours after collection between the hours of 8am to 3pm Monday through Friday (excluding holidays). **See special notes for PFA, Platelet Aggregation and DNA samples.**

If this is not possible: Centrifuge tubes at 1500g for 15 minutes and remove the plasma and centrifuge a second time at 1500g for 15 minutes. Place approximately 1 ml of plasma into plastic tubes, freeze and send on dry ice. The minimum requirements are two (2) plasma tubes with at least 0.5 ml of plasma in each tube. Do not send more than 6 aliquots. When appropriate, specimen integrity testing will be performed. This usually includes an aPTT and possibly a PT.

Notes: (1) *Insufficient specimen tubes will negatively affect turn-around time.* (2) *Therapeutic anticoagulation interferes with most kinetic (but not DNA) tests. Care should be taken to obtain specimen on the opposite arm from the IV site or from an adequately flushed port site. If a specimen is found to contain Heparin, it may be necessary to remove it and charge for an aPTT Post-Heparin Removal.*

PFA and Platelet Aggregation:

Platelet Aggregations cannot be collected outside our facility and require the patient to visit BloodworksNW where the specimens will be drawn. PFAs only, may be sent if prior arrangements have been made. Call the Hemostasis Reference Laboratory for details on how to send a PFA or to schedule an appointment with the technologist.

DNA Laboratory Samples:

DNA mutation testing requires at least **5 ml EDTA whole blood (purple top)**. The specimen must arrive at the Blood Center within **48 hours after collection** ship preferably with a "cool pack." Samples may be sent via overnight express, addressed to BloodworksNW, ATTN: Eastlake SDL, 1551 Eastlake Ave E., Seattle WA 98102. Samples arriving **after 1pm on Friday** are not acceptable. Specimens should not be shipped on Fridays or government recognized holidays.