

Submit this form with the specimens when ordering one of these panels or fax this form to 216.445.9444

PATIENT INFORMATION (PLEASE PRINT IN BLACK INK)

Last Name	First	MI
Date	Birth Date	Sex <input type="checkbox"/> M <input type="checkbox"/> F
Ordering Physician	Phone (with area code)	Fax (with area code)
Email (if available)		

HEMOSTASIS PANEL ORDERED

- Hypercoagulation Diagnostic Interpretive Panel *HYPER*
- Platelet Aggregation Studies *AGGPLP*
- Lupus Anticoagulant Diagnostic Interpretive Panel *LUPUSP*
- von Willebrand Diagnostic Interpretive Panel *VWFPR*

CLINICAL REASONS FOR ORDERING THE PANEL

Primary Clinical Diagnosis: _____
Recent Surgery – Procedure: _____ Date: _____

Current Antithrombotic Medications: Yes No
If yes, check medication(s) below and provide indication: _____

<input type="checkbox"/> COUMADIN (warfarin)	<input type="checkbox"/> Unfractionated heparin	<input type="checkbox"/> Other _____
Low molecular weight heparin:	<input type="checkbox"/> LOVENOX (enoxaparin)	
Anti-IIa inhibitors:	<input type="checkbox"/> PRADAXA (dabigatran)	<input type="checkbox"/> ACOVA (argatroban) <input type="checkbox"/> ANGIOMAX (bivalirudin)
Anti-Xa inhibitors:	<input type="checkbox"/> XARELTO (rivaroxaban)	<input type="checkbox"/> ELIQUIS (apixaban) <input type="checkbox"/> ARIXTRA (fondaparinux)

Current Antiplatelet Medications: Yes No
If yes, check medication(s) below and provide indication: _____

<input type="checkbox"/> Aspirin	<input type="checkbox"/> Thienopyridines (ticlopidine, clopidogrel, prasugrel or ticagrelor)
<input type="checkbox"/> Non-steroidal anti-inflammatory (NSAIDs)	<input type="checkbox"/> GP IIb/IIIa antagonists (abciximab, tirofiban or eptifibatide)
	<input type="checkbox"/> Phosphodiesterase inhibitors (dipyridamole or cilostazol)

Recent thrombolytic Therapy: Yes No
If yes, indication: _____