

# CLINICAL HISTORY FORM FOR HEMOSTASIS AND THROMBOSIS EVALUATION

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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: \_\_\_\_\_