

Hemostasis Reference Lab

Phone: 800-245-3117 x6250 | Fax 414-937-6184



NOTE: Versiti does NOT bill patients or insurance. Test orders must be placed through a medical facility that has an account with Versiti. Client # required.

Ordering Institution Information			
Person Completing Requisition:		Physician/Provider:	
Institution:			Client #:
Dept:	Address:		
City:	State:	Zip Code:	
Phone (Lab):	Provider Contact (phone/email):		
Special Reporting Requests:			PO #:
Is testing for outpatient Medicare enrollee or Wisconsin Medicaid recipient? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please complete the beneficiary form located at https://versiti.org/products-services/requisitions and submit with this requisition.			
Patient Information			
Last Name:		First Name:	MI: DOB:
MR#:	Accession #:	Draw Date:	Draw Time:
Biologic Sex/Sex Assigned at Birth: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other		Clinical Diagnosis:	
Specimen Information			
Specimen Type:	<input type="checkbox"/> Citrated Plasma		
Test Orders			
Bleeding Disorders			
Hemophilia			
<input type="checkbox"/> Factor VIII Activity-Chromogenic (1135) <input type="checkbox"/> Factor VIII Inhibitor (1137) <input type="checkbox"/> Factor VIII Activity-Clot Based (1081) Is the patient on emicizumab? <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Porcine Factor VIII Inhibitor Profile ² (1086) <input type="checkbox"/> Factor IX Activity (1091) <input type="checkbox"/> Factor IX Inhibitor (1095)		<input type="checkbox"/> Factor VIII Activity Hepzyme Treated-Chromogenic (1136) <input type="checkbox"/> Factor VIII Inhibitor Hepzyme Treated (1138) <input type="checkbox"/> Factor VIII Activity Hepzyme Treated-Clot Based ¹ (1082) Is the patient on emicizumab? <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Porcine Factor VIII Inhibitor Profile-Hepzyme Treated ² (1084) <input type="checkbox"/> Factor IX Activity-Hepzyme Treated ¹ (1093) <input type="checkbox"/> Factor IX Inhibitor-Hepzyme Treated (1094)	
von Willebrand Disease			
Evaluations and Profiles: <input type="checkbox"/> VWD Diagnostic Panel ² (1850) Follows reflexive algorithm⁴ <input type="checkbox"/> VWD Therapeutic Monitoring ^{2,3} (1230) <i>Please indicate therapeutic timing of testing:</i> <input type="checkbox"/> Pre-DDAVP treatment <input type="checkbox"/> Post-DDAVP treatment <input type="checkbox"/> N/a VWF GPIIbM Confirmatory Panel ² (1098)		<input type="checkbox"/> VWD Type 2B Evaluation ² (1067) <input type="checkbox"/> VWF Collagen Binding Profile ² (1279) Follows reflexive algorithm⁴ <input type="checkbox"/> VWD Type 2N Profile ² (1088)	
Individual Tests:			
<input type="checkbox"/> VWF Antigen (1062) <input type="checkbox"/> VWF:GPIIbM Activity ¹ (1990) <input type="checkbox"/> Anti-VWF Antibody IgG and IgM (1056)	<input type="checkbox"/> VWF Quantitative Multimer (1063) <input type="checkbox"/> VWF Propeptide Antigen (1282)	<input type="checkbox"/> VWF Collagen III Binding (1281) <input type="checkbox"/> VWF Collagen IV Binding (1280)	<input type="checkbox"/> VWD Type 2N (1089) <input type="checkbox"/> VWF Inhibitor Panel (1050)
Special Coagulation			
<input type="checkbox"/> Factor II Activity (1021) <input type="checkbox"/> Factor II Inhibitor (1025) <input type="checkbox"/> Factor V Activity (1051) <input type="checkbox"/> Factor V Inhibitor (1055) <input type="checkbox"/> Factor VII Activity (1071)	<input type="checkbox"/> Factor VII Inhibitor (1075) <input type="checkbox"/> Factor X Activity (1101) <input type="checkbox"/> Factor X Inhibitor (1105) <input type="checkbox"/> Factor XI Activity (1111) <input type="checkbox"/> Factor XI Inhibitor (1115)	<input type="checkbox"/> Factor XII Activity (1121) <input type="checkbox"/> Factor XII Inhibitor (1125) <input type="checkbox"/> Fibrinogen Antigen (1508) <input type="checkbox"/> Fibrinogen Activity (1011)	
Clotting Disorders			
Thrombotic Microangiopathy			
Evaluation: <input type="checkbox"/> ADAMTS13 Evaluation ² (1295) Follows reflexive algorithm			
Individual ADAMTS13 Tests:			
<input type="checkbox"/> ADAMTS13 Activity (1298)	<input type="checkbox"/> ADAMTS13 Inhibitor (1297)	<input type="checkbox"/> ADAMTS13 Antibody (1299)	
Thrombophilia			
<input type="checkbox"/> Protein C Activity ¹ (1031) <input type="checkbox"/> Protein C Antigen (1033)	<input type="checkbox"/> Protein S Activity ¹ (1041) <input type="checkbox"/> Protein S Antigen Free (1043)	<input type="checkbox"/> Protein S Antigen Total & Free (1042)	
¹ For local STAT testing, please call 800-245-3117, Option 1 ² See reverse side for assays included in suggested evaluations/profiles ³ If no therapeutic timing indicated, n/a will automatically be applied ⁴ Reflex testing already included in panel will be canceled if additionally selected For genetic testing, please use Hematology Genetics Requisition.			VERSITI USE ONLY ___ CITP ___ Other Opened by: _____ Evaluated by: _____

SUGGESTED EVALUATIONS AND PROFILES

ADAMTS13 Evaluation – Follows a reflexive algorithm. Activity is always performed. If $\leq 30\%$, inhibitor is performed. If inhibitor ≤ 0.7 inhibitor units, antibody is performed.

Porcine Factor VIII Inhibitor Profile includes Factor VIII Activity and Porcine Factor VIII Inhibitor, hepzyme treated if indicated by order.

VWD Diagnostic Panel Follows a reflexive algorithm, always includes: FVIII Activity, VWF Antigen, VWF:GPIbM Activity, and VWF Collagen III Binding. Reflex testing when indicated will include: VWF Propeptide Antigen, VWF Quantitative Multimer, VWD Type 2N Binding and/or VWD Type 2B Binding.

VWD Therapeutic Monitoring includes FVIII Activity, VWF Antigen and VWF:GPIbM Activity.

VWF GPIbM Confirmatory Panel includes VWF: GPIbM Activity Automated, VWF: GPIbM Activity ELISA and VWF Antigen

VWD Type 2B Evaluation includes VWD Type 2B Binding and VWF Quantitative Multimer.

VWD Type 2N Profile includes FVIII Activity, VWF Antigen, and VWD Type 2N Binding.

VWF Collagen Binding Profile includes VWF Antigen, VWF Collagen III Binding and VWF Collagen IV Binding. Reflex testing when indicated will include: VWF Quantitative Multimer.

SHIPPING INFORMATION

Blood samples should be shipped by overnight carrier. The package must be shipped in compliance with carrier's guidelines. Please contact your carrier for current biohazardous shipping regulations. **Label Box: Refrigerate, Room Temperature, or Frozen (whichever is appropriate)**

Packages should be addressed to:

**Versiti Wisconsin – Client Services
638 N 18th Street
Milwaukee, WI 53233**

**See page 3 for sample requirements.*

Hemostasis Reference Lab Assay Sample Requirements



Test Name	Required Volume	Accepted Sample Type	Shipping Temp.	Sample Notes			
Fibrinogen Antigen (1508)	2 mL	Citrated Plasma (Light blue top)	Frozen	Must be frozen within 4 hours of patient draw; critical non refrozen specimen required. Thawed, hemolyzed, and clotted samples are unacceptable.			
Anti-VWF Antibody IgG and IgM (1056)	0.5 mL						
VWF:GPIbM Activity (1990)	1 mL						
Protein C Activity (1031) Protein C Antigen (1033) Protein S Activity (1041) VWF Antigen (1062) VWD Type 2N Binding (1089)	VWF Collagen IV Binding (1280) VWF Collagen III Binding (1281) VWF Propeptide Antigen (1282) Fibrinogen Activity (1011) VWF Quantitative Multimer (1063)				0.5 mL each		
Factor II Activity (1021) Factor V Activity (1051) Factor VII Activity (1071) Factor IX Activity (1091)	Factor X Activity (1101) Factor XI Activity (1111) Factor XII Activity (1121)				0.8 mL each		
Factor II Inhibitor Profile (1025) Factor V Inhibitor Profile (1075) Factor VII Inhibitor Profile (1055) Factor IX Inhibitor Profile (1095)	Factor X Inhibitor Profile (1105) Factor XI Inhibitor Profile (1115) Factor XII Inhibitor Profile (1125)				1.5 mL each		
Protein S Antigen, Free (1043) Factor VIII Inhibitor (1137)					1.5 mL each		
Protein S Antigen, Total and Free (1042) VWF Inhibitor Panel (1050)					Two 1 mL aliquots each		
Factor IX Inhibitor Profile - Hepzyme Treated (1094) Factor VIII Inhibitor – Hepzyme Treated (1138)					2 mL each		
VWF Collagen Binding Profile (1279)					Four 0.5mL aliquots		
VWD Type 2B Evaluation (1067)					One 0.5 mL aliquot and one 1 mL aliquot		
VWD Diagnostic Panel (1850)					Six 1 mL aliquots		
VWD Type 2N Profile (1088)					Three 0.5 mL aliquots		
VWD Therapeutic Monitoring (1230)					Three 1 mL aliquots		
VWF GPIbM Confirmatory Panel (1098)					Three 0.5 mL aliquots		
Factor VIII Activity – Chromogenic (1135) Factor VIII Activity - Clot based (1081)					Two 0.5 mL aliquots each		
Factor VIII Activity Hepzyme Treated - Clot based (1082) Factor IX Activity - Hepzyme Treated (1093) Factor VIII Activity Hepzyme Treated – Chromogenic (1136)					Two 0.6 mL aliquots each		
ADAMTS13 Inhibitor (1297) ADAMTS13 Activity (1298) ADAMTS13 Antibody (1299)	0.5 mL each				Citrated Plasma (light blue top)	Frozen	Hemolyzed sample can be run with a disclaimer. Prefer that sample be frozen within 4 hours. Whole blood is not acceptable.
ADAMTS13 Evaluation (1295)	Three 0.5 mL aliquots						
Porcine Factor VIII Inhibitor Profile - Hepzyme Treated (1084) Porcine Factor VIII Inhibitor Profile (1086)	Two 1 mL aliquots each				Citrated Plasma (Light blue top)	Frozen	Must be frozen within 4 hours of patient draw; critical non refrozen specimen required. Thawed, hemolyzed, and clotted samples are unacceptable. Cannot be performed on samples from patients receiving emicizumab (Hemlibra) therapy.