

Date Drawn _____ Time _____

STAT Phone Results A.M.

Lab I.D. (MR#) _____
Patient's Office I.D. # _____

Client Information

Ordering Physician _____

PHYSICIAN PHONE # _____
AREA CODE _____

Client Data _____ Comments _____

Patient Information (Please Print)

Patient Last Name _____ First _____

Birthdate (mo/day/yr) _____ Sex M F Phone No. _____
Area Code _____

Address _____ Apt. # _____

City _____ State _____ Zip Code _____

Copy of Results Faxed To:
(Please indicate fax number with area code)

Do Not Write In This Area

Pink/Red sections are mandatory
Refer to last page for specimen requirements

Specimen Codes
B = Blue Top
F = Frozen
G = Gray
L = Lavender
P = Plasma
R = Plain Red
S = Serum
SST = Must Centrifuge
U = Urine

Mail Consultant Copy To:
Complete Address is Required

Billing Information

Bill Code 0 Blue Shield 3 PPOM 6 Patient 9 Medicaid-HMO 12 BCN
1 Medicare 4 Medicare-BS 7 Account 10 DMC Care 13 OmniCare
2 Medicaid 5 Other/Comm'l 8 Medicare HMO 11 HAP

Group Number _____ Service Code _____

Contract Number / Policy Numbers _____

Subscriber (If Different From Patient) _____

Medicare Number Primary Secondary Medicaid Number _____

Other Ins. _____

Address _____ City _____ State _____ Zip Code _____

Self Spouse Dependent

Advance Beneficiary Notice (ABN) - required for Medicare patient. See Back of Form.
321398 ABN option 2

ICD-9-CM DIAGNOSIS CODES ARE REQUIRED FOR BILLING

<input type="checkbox"/> 286.7 Acquired coagulation factor deficiency	<input type="checkbox"/> 287.9 Hemorrhagic diathesis (familial)	<input type="checkbox"/> 709.1 Purpura annularis telangiectodes	<input type="checkbox"/> 286.9 Other and unspecified coagulation defects
<input type="checkbox"/> 287.0 Allergic purpura	<input type="checkbox"/> 286.5 Hemorrhagic disorder due to circulating anticoagulants	<input type="checkbox"/> 286.6 Purpura fulminans	<input type="checkbox"/> 287.8 Other specified hemorrhagic conditions
<input type="checkbox"/> 286.3 Congenital deficiency of other clotting factors	<input type="checkbox"/> 776.0 Hemorrhagic disease of newborn	<input type="checkbox"/> 287 Purpura and other hemorrhagic conditions	<input type="checkbox"/> 287.2 Other nonthrombocytopenic purpuras
<input type="checkbox"/> 286.0 Congenital factor VIII disorder	<input type="checkbox"/> 287.3 Hemorrhagic purpura	<input type="checkbox"/> 446.6 Thrombotic thrombocytopenic purpura	Other
<input type="checkbox"/> 286.1 Congenital factor IX disorder	<input type="checkbox"/> 238.7 Hemorrhagic thrombocythemia	<input type="checkbox"/> 287.5 Thrombocytopenia, unspecified	
<input type="checkbox"/> 286.2 Congenital factor XI deficiency	<input type="checkbox"/> 287.1 Qualitative platelet defects	<input type="checkbox"/> 776.1 Transient thrombocytopenia of newborn	
<input type="checkbox"/> 286.6 Defibrination syndrome	<input type="checkbox"/> 287.3 Primary thrombocytopenia	<input type="checkbox"/> 287.4 Secondary thrombocytopenia	
<input type="checkbox"/> 286.4 Factor VIII deficiency with vascular defect	<input type="checkbox"/> 695.4 Lupus	<input type="checkbox"/> 776.0 Vitamin K deficiency of newborn	
		<input type="checkbox"/> 286.4 von Willebrand's disease	

DIAGNOSTIC GROUPING	TEST CODE	SCREENING TESTS	TEST CODE	SPECIAL TESTS	TEST CODE	FIBRINOLYSIS TESTS
Hypercoagulability I (215798)	42721	<input type="checkbox"/> PARTIAL THROMBOPLASTIN TIME (APTT)	325548	<input type="checkbox"/> ADAMTS 13 ACTIVITY	215301	<input type="checkbox"/> α2-ANTIPLASMIN (ACTIVITY)
14928 <input type="checkbox"/> Antithrombin III (Activity)	646	<input type="checkbox"/> PROTHROMBIN TIME WITH INR (PT/INR)	215335	<input type="checkbox"/> FIBRONECTIN	110973	<input type="checkbox"/> D-DIMER (AUTOMATED)
111120 <input type="checkbox"/> Protein C (Activity)	111153	<input type="checkbox"/> REPTILASE TIME	325795	<input type="checkbox"/> PROTHROMBIN FRAGMENT 1 + 2	325530	<input type="checkbox"/> D-DIMER (ELISA)
215293 <input type="checkbox"/> Protein S (Activity)	111179	<input type="checkbox"/> THROMBIN TIME	215517	<input type="checkbox"/> THROMBIN-ANTITHROMBIN III (TAT) COMPLEXES	111088	<input type="checkbox"/> PLASMINOGEN (ACTIVITY)
215574 <input type="checkbox"/> Sticky Platelet Workup	TEST CODE	CLOTTING TESTS	TEST CODE	INHIBITORS	213959	<input type="checkbox"/> TISSUE PLASMINOGEN ACTIVATOR (t-PA) (ACTIVITY)
Hypercoagulability II (215806)	110999	<input type="checkbox"/> FACTOR V (ACTIVITY)	14928	<input type="checkbox"/> ANTITHROMBIN III (ACTIVITY)	324921	<input type="checkbox"/> t-PA (ANTIGEN) (ELISA)
42721 <input type="checkbox"/> APTT	111005	<input type="checkbox"/> FACTOR VII (ACTIVITY)	215319	<input type="checkbox"/> ANTITHROMBIN III (ANTIGEN)	324947	<input type="checkbox"/> t-PA INHIBITOR PAI-1 (ACTIVITY)
29967 <input type="checkbox"/> Fibrinogen (Clotting Activity)	29520	<input type="checkbox"/> FACTOR VIII (ACTIVITY)	214734	<input type="checkbox"/> C4b-BINDING PROTEIN	TEST CODE	PLATELET TESTS
215434 <input type="checkbox"/> Heparin Cofactor II	110981	<input type="checkbox"/> FACTOR IX (ACTIVITY)	110957	<input type="checkbox"/> CIRCULATING ANTICOAGULANT (QUALITATIVE)	215533	<input type="checkbox"/> ATP RELEASE
111088 <input type="checkbox"/> Plasminogen (Activity)	215343	<input type="checkbox"/> FACTOR IX (ANTIGEN)	113308	<input type="checkbox"/> FREE PROTEIN S (ANTIGEN)	322909	<input type="checkbox"/> PFA1
324947 <input type="checkbox"/> Plasminogen Activator Inhibitor (PAI-1) (Activity)	111021	<input type="checkbox"/> FACTOR X (ACTIVITY)	215434	<input type="checkbox"/> HEPARIN COFACTOR II	322917	<input type="checkbox"/> PFA2
111153 <input type="checkbox"/> Reptilase Time	215368	<input type="checkbox"/> FACTOR X (ANTIGEN)	111070	<input type="checkbox"/> HEPARIN ASSAY (QUANTITATIVE) (ANIT-Xa)	760	<input type="checkbox"/> PLATELET COUNTS
111179 <input type="checkbox"/> Thrombin Time	111039	<input type="checkbox"/> FACTOR XI (ACTIVITY)	218644	<input type="checkbox"/> LMW HEPARIN	111104	<input type="checkbox"/> PLATELET AGGREGATION (ADP, EPINEPHRINE, COLLEGEN)
324921 <input type="checkbox"/> Tissue Plasminogen Activator (t-PA) (Antigen)	111047	<input type="checkbox"/> FACTOR XII (ACTIVITY)	213397	<input type="checkbox"/> LUPUS ANTICOAGULANT (SCREEN) (REFLEX TO CONFIRM IF POSITIVE)	215574	<input type="checkbox"/> STICKY PLATELET SYNDROME
Von Willebrand Disease I (215780)	111054	<input type="checkbox"/> FACTOR XIII (ACTIVITY)	38307	<input type="checkbox"/> LUPUS CONFIRMATION		
42721 <input type="checkbox"/> APTT	210245	<input type="checkbox"/> FACTOR XIII (ANTIGEN, SUBUNIT A AND S)	324723	<input type="checkbox"/> PLATELET FACTOR 4 (SCREEN) (REFLEX TO CONFIRM IF POSITIVE)		
29520 <input type="checkbox"/> Factor VIII (Activity)	310508	<input type="checkbox"/> FACTOR V, LEIDEN	219717	<input type="checkbox"/> PLATELET FACTOR 4 CONFIRMATION		
322909 <input type="checkbox"/> PFA1	29967	<input type="checkbox"/> FIBRINOGEN (CLOTTING ACTIVITY)	111120	<input type="checkbox"/> PROTEIN C (ACTIVITY)		
322917 <input type="checkbox"/> PFA2	215400	<input type="checkbox"/> FIBRINOGEN (ANTIGEN)	215541	<input type="checkbox"/> PROTEIN C (ANTIGEN)		
121640 <input type="checkbox"/> vWF Activity (Ristocetin)	329789	<input type="checkbox"/> HMW KINNOGEN (ACTIVITY)	215293	<input type="checkbox"/> PROTEIN S (ACTIVITY)		
215467 <input type="checkbox"/> vWF Antigen	216689	<input type="checkbox"/> PLATELET Ab PANEL	111138	<input type="checkbox"/> TOTAL PROTEIN S (ANTIGEN)		
	111112	<input type="checkbox"/> PREKALLIKREIN (ACTIVITY)				
	311506	<input type="checkbox"/> PROTIME VARIANT				

Should you have any questions about these or other coagulation assays, feel free to contact Dr. Ali Gabali, M.D., PHD, Medical Director, at (313) 745-2520 or (313) 993-0714, or the 24 hour Client Service Department at (313) 745-4100 or 1-800-456-2154.
Pick-up/Transportation: 1-313-993-0472 or 1-800-456-7637

SEND IN TOP 2 COPIES WITH SPECIMEN(S)

I. PATIENT PREPARATION

- A. Platelet Aggregation - Patient should preferably be off all medications, especially Persantine (dipyridamole) or ANY acetyl salicylic acid containing compound for 10-14 days prior or testing.
- B. Other Coagulation Studies - No restrictions.

II. SPECIMEN COLLECTION

- A. Method of Collection - Specimens may be collected in evacuated tube systems or by syringes. Be sure to mix, by inversion, the samples properly and perform a CLEAN venipuncture.
- B. Anticoagulant - The anticoagulant should be sodium citrate either 3.2% (for platelet aggregation) in a 9:1 ratio with whole blood, i.e., 1 ml of anticoagulant plus 9 ml of whole blood. SPECIAL COLLECTION INSTRUCTIONS listed below.
- C. Care of Specimen - After drawing, the blood should be centrifuged within 30 minutes of collection at a minimum of 1000 x g for 10 minutes at 4°C (Lupus Anticoagulant - 2500 x g for 15 minutes). Transfer plasma into a clean plastic or siliconized freezer tube and cap. Important! If requesting more than one test, plasma must be separated into more than one tube. See specimen requirement. Specimen must be kept at -20°C or -70°C until ready for transport, unless sending immediately.
- D. Specimen Requirement - Specimen amount varies, to be safe, approximately 1 ml is needed for each test requested. A separate storage tube is required for each test requested containing the above amount.

III. SPECIAL COLLECTION INSTRUCTIONS

- 1. Platelet Aggregation: 20 ml of whole blood is needed. Withdraw 18 ml of blood into a plastic syringe that contains 2 ml of 3.2% sodium citrate. When using blue top vacutainer tube, four are needed. The blood must be transported immediately after draw. Important! THE BLOOD MUST BE KEPT AT ROOM TEMPERATURE.
- 2. Heparin Induced Antibody/HIT Platelet Factor 4: 2 ml of serum (red top tube, do not collect in SST). Serum must be kept at -20 to -70 degrees centigrade until ready to transport. Transport serum on ice. If transporting immediately send red top unspun.
- 3. Tissue Plasminogen Activator (t-PA) (Activity): 2 ml of plasma using buffered acid citrate (black top tube from American Diagnostica Inc.) anticoagulant. Sent on ice or dry ice.

IV. TRANSPORTATION OF SPECIMENS

Call DMC dispatcher for pick-up at 1-800-456-7637.

Include data on tubes: Patient's name, hospital number, date. A request slip must accompany the specimen. If possible, send a brief history and list of medications.

Service for the Canadian clients will remain the same.

V. NOTIFICATION OF LABORATORY

An appointment must be made for Platelet Aggregation since this specimen requires immediate attention.

VI. ADVANCE BENEFICIARY NOTICE (ABN)

646 Prothrombin Time with INR
42721 Partial Thromboplastin Time

Date Drawn	Time	<input type="checkbox"/> STAT	<input type="checkbox"/> Phone Results	A.M.	Lab I.D. (MR#)
					Patient's Office I.D. #

Client Information		Patient Information (Please Print)	
Ordering Physician		PHYSICIAN PHONE # AREA CODE	
Client Data		Comments	
Patient Last Name Birthdate (mo/day/yr) Sex <input type="checkbox"/> M <input type="checkbox"/> F Phone No. Area Code Address Apt. # City State Zip Code		Patient Last Name First Birthdate (mo/day/yr) Sex <input type="checkbox"/> M <input type="checkbox"/> F Phone No. Area Code Address Apt. # City State Zip Code	

Billing Information	
Bill Code	0 Blue Shield 3 PPO 6 Patient 9 Medicaid-HMO 12 BCN 1 Medicare 4 Medicare-BS 7 Account 10 DMC Care 13 OmniCare 2 Medicaid 5 Other/Comm'l 8 Medicare HMO 11 HAP
Group Number	Service Code
Contract Number / Policy Numbers	
Subscriber (If Different From Patient)	
Medicare Number <input type="checkbox"/> Primary <input type="checkbox"/> Secondary	Medicaid Number
Other Ins.	<input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Dependent
Address	
City State Zip Code	

Advance Beneficiary Notice (ABN) - required for Medicare patient. See Back of Form.
321398 ABN option 2

ICD-9-CM DIAGNOSIS CODES ARE REQUIRED FOR BILLING							
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<input type="checkbox"/> 286.3 Congenital deficiency of other clotting factors	<input type="checkbox"/> 776.0 Hemorrhagic disease of newborn	<input type="checkbox"/> 287 Purpura and other hemorrhagic conditions	<input type="checkbox"/> 287.2 Other nonthrombocytopenic purpuras	<input type="checkbox"/> 286.0 Congenital factor VIII disorder	<input type="checkbox"/> 287.3 Hemorrhagic purpura	<input type="checkbox"/> 446.6 Thrombotic thrombocytopenic purpura	<input type="checkbox"/> 287.5 Thrombocytopenia, unspecified
<input type="checkbox"/> 286.1 Congenital factor IX disorder	<input type="checkbox"/> 238.7 Hemorrhagic thrombocythemia	<input type="checkbox"/> 776.1 Transient thrombocytopenia of newborn	<input type="checkbox"/> 287.4 Secondary thrombocytopenia	<input type="checkbox"/> 286.2 Congenital factor XI deficiency	<input type="checkbox"/> 287.1 Qualitative platelet defects	<input type="checkbox"/> 287.4 Secondary thrombocytopenia	<input type="checkbox"/> 776.0 Vitamin K deficiency of newborn
<input type="checkbox"/> 286.6 Defibrination syndrome	<input type="checkbox"/> 287.3 Primary thrombocytopenia	<input type="checkbox"/> 776.0 Vitamin K deficiency of newborn	<input type="checkbox"/> 286.4 von Willebrand's disease	<input type="checkbox"/> 286.4 Factor VIII deficiency with vascular defect	<input type="checkbox"/> 695.4 Lupus	<input type="checkbox"/> 286.4 von Willebrand's disease	

CHECK INDIVIDUALLY	DIAGNOSTIC GROUPING	TEST CODE	SCREENING TESTS	TEST CODE	SPECIAL TESTS	TEST CODE	FIBRINOLYSIS TESTS
		Hypercoagulability I (215798)	<input type="checkbox"/> 42721	<input type="checkbox"/> PARTIAL THROMBOPLASTIN TIME (APTT)	<input type="checkbox"/> 325548	<input type="checkbox"/> ADAMTS 13 ACTIVITY	<input type="checkbox"/> 215301
	14928 <input type="checkbox"/> Antithrombin III (Activity)	<input type="checkbox"/> 646	<input type="checkbox"/> PROTHROMBIN TIME WITH INR (PT/INR)	<input type="checkbox"/> 215335	<input type="checkbox"/> FIBRONECTIN	<input type="checkbox"/> 110973	<input type="checkbox"/> D-DIMER (AUTOMATED)
	111120 <input type="checkbox"/> Protein C (Activity)	<input type="checkbox"/> 111153	<input type="checkbox"/> REPTILASE TIME	<input type="checkbox"/> 325795	<input type="checkbox"/> PROTHROMBIN FRAGMENT 1 + 2	<input type="checkbox"/> 325530	<input type="checkbox"/> D-DIMER (ELISA)
	215293 <input type="checkbox"/> Protein S (Activity)	<input type="checkbox"/> 111179	<input type="checkbox"/> THROMBIN TIME	<input type="checkbox"/> 215517	<input type="checkbox"/> THROMBIN-ANTITHROMBIN III (TAT) COMPLEXES	<input type="checkbox"/> 111088	<input type="checkbox"/> PLASMINOGEN (ACTIVITY)
	215574 <input type="checkbox"/> Sticky Platelet Workup	<input type="checkbox"/> 110999	<input type="checkbox"/> FACTOR V (ACTIVITY)	<input type="checkbox"/> 14928	<input type="checkbox"/> ANTITHROMBIN III (ACTIVITY)	<input type="checkbox"/> 213959	<input type="checkbox"/> TISSUE PLASMINOGEN ACTIVATOR (t-PA) (ACTIVITY)
	Hypercoagulability II (215806)	<input type="checkbox"/> 111005	<input type="checkbox"/> FACTOR VII (ACTIVITY)	<input type="checkbox"/> 215319	<input type="checkbox"/> ANTITHROMBIN III (ANTIGEN)	<input type="checkbox"/> 324921	<input type="checkbox"/> t-PA (ANTIGEN) (ELISA)
	42721 <input type="checkbox"/> APTT	<input type="checkbox"/> 29520	<input type="checkbox"/> FACTOR VIII (ACTIVITY)	<input type="checkbox"/> 214734	<input type="checkbox"/> C4b-BINDING PROTEIN	<input type="checkbox"/> 324947	<input type="checkbox"/> t-PA INHIBITOR PAI-1 (ACTIVITY)
	29967 <input type="checkbox"/> Fibrinogen (Clotting Activity)	<input type="checkbox"/> 110981	<input type="checkbox"/> FACTOR IX (ACTIVITY)	<input type="checkbox"/> 110957	<input type="checkbox"/> CIRCULATING ANTICOAGULANT (QUALITATIVE)	<input type="checkbox"/> 215533	<input type="checkbox"/> ATP RELEASE
	215434 <input type="checkbox"/> Heparin Cofactor II	<input type="checkbox"/> 215343	<input type="checkbox"/> FACTOR IX (ANTIGEN)	<input type="checkbox"/> 113308	<input type="checkbox"/> FREE PROTEIN S (ANTIGEN)	<input type="checkbox"/> 322909	<input type="checkbox"/> PFA1
	111088 <input type="checkbox"/> Plasminogen (Activity)	<input type="checkbox"/> 111021	<input type="checkbox"/> FACTOR X (ACTIVITY)	<input type="checkbox"/> 215434	<input type="checkbox"/> HEPARIN COFACTOR II	<input type="checkbox"/> 322917	<input type="checkbox"/> PFA2
	324947 <input type="checkbox"/> Plasminogen Activator Inhibitor (PAI-1) (Activity)	<input type="checkbox"/> 215368	<input type="checkbox"/> FACTOR X (ANTIGEN)	<input type="checkbox"/> 111070	<input type="checkbox"/> HEPARIN ASSAY (QUANTITATIVE) (ANIT-Xa)	<input type="checkbox"/> 760	<input type="checkbox"/> PLATELET COUNTS
	111153 <input type="checkbox"/> Reptilase Time	<input type="checkbox"/> 111039	<input type="checkbox"/> FACTOR XI (ACTIVITY)	<input type="checkbox"/> 218644	<input type="checkbox"/> LMW HEPARIN	<input type="checkbox"/> 111104	<input type="checkbox"/> PLATELET AGGREGATION (ADP, EPINEPHRINE, COLLEGEN)
	111179 <input type="checkbox"/> Thrombin Time	<input type="checkbox"/> 111047	<input type="checkbox"/> FACTOR XII (ACTIVITY)	<input type="checkbox"/> 213397	<input type="checkbox"/> LUPUS ANTICOAGULANT (SCREEN) (REFLEX TO CONFIRM IF POSITIVE)	<input type="checkbox"/> 215574	<input type="checkbox"/> STICKY PLATELET SYNDROME
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	29520 <input type="checkbox"/> Factor VIII (Activity)	<input type="checkbox"/> 29967	<input type="checkbox"/> FIBRINOGEN (CLOTTING ACTIVITY)	<input type="checkbox"/> 111120	<input type="checkbox"/> PROTEIN C (ACTIVITY)		
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	322917 <input type="checkbox"/> PFA2	<input type="checkbox"/> 329789	<input type="checkbox"/> HMW KINNOGEN (ACTIVITY)	<input type="checkbox"/> 215293	<input type="checkbox"/> PROTEIN S (ACTIVITY)		
	121640 <input type="checkbox"/> vWF Activity (Ristocetin)	<input type="checkbox"/> 216689	<input type="checkbox"/> PLATELET Ab PANEL	<input type="checkbox"/> 111138	<input type="checkbox"/> TOTAL PROTEIN S (ANTIGEN)		
	215467 <input type="checkbox"/> vWF Antigen	<input type="checkbox"/> 111112	<input type="checkbox"/> PREKALLIKREIN (ACTIVITY)				
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42721 Partial Thromboplastin Time

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					Patient's Office I.D. #

Client Information		Patient Information (Please Print)	
Ordering Physician		PHYSICIAN PHONE # AREA CODE	
Client Data		Comments	
Patient Last Name _____ First _____ Birthdate (mo/day/yr) _____ Sex <input type="checkbox"/> M <input type="checkbox"/> F Phone No. Area Code _____ Address _____ Apt. # _____ City _____ State _____ Zip Code _____		Bill Code <input type="checkbox"/> 0 Blue Shield 3 PPO 6 Patient 9 Medicaid-HMO 12 BCN 1 Medicare 4 Medicare-BS 7 Account 10 DMC Care 13 OmniCare 2 Medicaid 5 Other/Comm'l 8 Medicare HMO 11 HAP	

Billing Information	
Group Number _____ Service Code _____ Contract Number / Policy Numbers _____ Subscriber (If Different From Patient) _____ Medicare Number <input type="checkbox"/> Primary <input type="checkbox"/> Secondary Medicaid Number _____ Other Ins. _____ Address _____ City _____ State _____ Zip Code _____	<input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Dependent

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<input type="checkbox"/> 286.3 Congenital deficiency of other clotting factors	<input type="checkbox"/> 776.0 Hemorrhagic disease of newborn	<input type="checkbox"/> 287 Purpura and other hemorrhagic conditions	<input type="checkbox"/> 287.2 Other nonthrombocytopenic purpuras Other	<input type="checkbox"/> 286.0 Congenital factor VIII disorder	<input type="checkbox"/> 287.3 Hemorrhagic purpura	<input type="checkbox"/> 446.6 Thrombotic thrombocytopenic purpura	
<input type="checkbox"/> 286.1 Congenital factor IX disorder	<input type="checkbox"/> 287.3 Hemorrhagic purpura	<input type="checkbox"/> 287.5 Thrombocytopenia, unspecified		<input type="checkbox"/> 286.2 Congenital factor XI deficiency	<input type="checkbox"/> 238.7 Hemorrhagic thrombocythemia	<input type="checkbox"/> 776.1 Transient thrombocytopenia of newborn	
<input type="checkbox"/> 286.6 Defibrination syndrome	<input type="checkbox"/> 287.1 Qualitative platelet defects	<input type="checkbox"/> 287.4 Secondary thrombocytopenia		<input type="checkbox"/> 286.4 Factor VIII deficiency with vascular defect	<input type="checkbox"/> 287.3 Primary thrombocytopenia	<input type="checkbox"/> 287.4 Secondary thrombocytopenia	
	<input type="checkbox"/> 287.3 Primary thrombocytopenia	<input type="checkbox"/> 776.0 Vitamin K deficiency of newborn			<input type="checkbox"/> 695.4 Lupus	<input type="checkbox"/> 286.4 von Willebrand's disease	

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	14928 <input type="checkbox"/> Antithrombin III (Activity)	646	<input type="checkbox"/>	<input type="checkbox"/> PROTHROMBIN TIME WITH INR (PT/INR)	215335	<input type="checkbox"/>	<input type="checkbox"/> FIBRONECTIN	110973	<input type="checkbox"/>	<input type="checkbox"/> D-DIMER (AUTOMATED)
	111120 <input type="checkbox"/> Protein C (Activity)	111153	<input type="checkbox"/>	<input type="checkbox"/> REPTILASE TIME	325795	<input type="checkbox"/>	<input type="checkbox"/> PROTHROMBIN FRAGMENT 1 + 2	325530	<input type="checkbox"/>	<input type="checkbox"/> D-DIMER (ELISA)
	215293 <input type="checkbox"/> Protein S (Activity)	111179	<input type="checkbox"/>	<input type="checkbox"/> THROMBIN TIME	215517	<input type="checkbox"/>	<input type="checkbox"/> THROMBIN-ANTITHROMBIN III (TAT) COMPLEXES	111088	<input type="checkbox"/>	<input type="checkbox"/> PLASMINOGEN (ACTIVITY)
	215574 <input type="checkbox"/> Sticky Platelet Workup							213959	<input type="checkbox"/>	<input type="checkbox"/> TISSUE PLASMINOGEN ACTIVATOR (t-PA) (ACTIVITY)
	Hypercoagulability II (215806)	110999	<input type="checkbox"/>	<input type="checkbox"/> FACTOR V (ACTIVITY)				324921	<input type="checkbox"/>	<input type="checkbox"/> t-PA (ANTIGEN) (ELISA)
	42721 <input type="checkbox"/> APTT	111005	<input type="checkbox"/>	<input type="checkbox"/> FACTOR VII (ACTIVITY)	14928	<input type="checkbox"/>	<input type="checkbox"/> ANTITHROMBIN III (ACTIVITY)	324947	<input type="checkbox"/>	<input type="checkbox"/> t-PA INHIBITOR PAI-1 (ACTIVITY)
	29967 <input type="checkbox"/> Fibrinogen (Clotting Activity)	29520	<input type="checkbox"/>	<input type="checkbox"/> FACTOR VIII (ACTIVITY)	215319	<input type="checkbox"/>	<input type="checkbox"/> ANTITHROMBIN III (ANTIGEN)			
	215434 <input type="checkbox"/> Heparin Cofactor II	110981	<input type="checkbox"/>	<input type="checkbox"/> FACTOR IX (ACTIVITY)	214734	<input type="checkbox"/>	<input type="checkbox"/> C4b-BINDING PROTEIN			
	111088 <input type="checkbox"/> Plasminogen (Activity)	215343	<input type="checkbox"/>	<input type="checkbox"/> FACTOR IX (ANTIGEN)	110957	<input type="checkbox"/>	<input type="checkbox"/> CIRCULATING ANTICOAGULANT (QUALITATIVE)			
	324947 <input type="checkbox"/> Plasminogen Activator Inhibitor (PAI-1) (Activity)	111021	<input type="checkbox"/>	<input type="checkbox"/> FACTOR X (ACTIVITY)	113308	<input type="checkbox"/>	<input type="checkbox"/> FREE PROTEIN S (ANTIGEN)			
	111153 <input type="checkbox"/> Reptilase Time	215368	<input type="checkbox"/>	<input type="checkbox"/> FACTOR X (ANTIGEN)	215434	<input type="checkbox"/>	<input type="checkbox"/> HEPARIN COFACTOR II			
	111179 <input type="checkbox"/> Thrombin Time	111039	<input type="checkbox"/>	<input type="checkbox"/> FACTOR XI (ACTIVITY)	111070	<input type="checkbox"/>	<input type="checkbox"/> HEPARIN ASSAY (QUANTITATIVE) (ANIT-Xa)			
	324921 <input type="checkbox"/> Tissue Plasminogen Activator (t-PA) (Antigen)	111047	<input type="checkbox"/>	<input type="checkbox"/> FACTOR XII (ACTIVITY)	218644	<input type="checkbox"/>	<input type="checkbox"/> LMW HEPARIN			
	Von Willebrand Disease I (215780)	111054	<input type="checkbox"/>	<input type="checkbox"/> FACTOR XIII (ACTIVITY)	213397	<input type="checkbox"/>	<input type="checkbox"/> LUPUS ANTICOAGULANT (SCREEN) (REFLEX TO CONFIRM IF POSITIVE)			
	42721 <input type="checkbox"/> APTT	210245	<input type="checkbox"/>	<input type="checkbox"/> FACTOR XIII (ANTIGEN, SUBUNIT A AND S)	38307	<input type="checkbox"/>	<input type="checkbox"/> LUPUS CONFIRMATION			
	29520 <input type="checkbox"/> Factor VIII (Activity)	310508	<input type="checkbox"/>	<input type="checkbox"/> FACTOR V, LEIDEN	324723	<input type="checkbox"/>	<input type="checkbox"/> PLATELET FACTOR 4 (SCREEN) (REFLEX TO CONFIRM IF POSITIVE)			
	322909 <input type="checkbox"/> PFA1	29967	<input type="checkbox"/>	<input type="checkbox"/> FIBRINOGEN (CLOTTING ACTIVITY)	324723	<input type="checkbox"/>	<input type="checkbox"/> PLATELET FACTOR 4 (SCREEN) (REFLEX TO CONFIRM IF POSITIVE)			
	322917 <input type="checkbox"/> PFA2	215400	<input type="checkbox"/>	<input type="checkbox"/> FIBRINOGEN (ANTIGEN)	219717	<input type="checkbox"/>	<input type="checkbox"/> PLATELET FACTOR 4 CONFIRMATION			
	121640 <input type="checkbox"/> vWF Activity (Ristocetin)	329789	<input type="checkbox"/>	<input type="checkbox"/> HMW KINNOGEN (ACTIVITY)	111120	<input type="checkbox"/>	<input type="checkbox"/> PROTEIN C (ACTIVITY)			
	215467 <input type="checkbox"/> vWF Antigen	216689	<input type="checkbox"/>	<input type="checkbox"/> PLATELET Ab PANEL	215541	<input type="checkbox"/>	<input type="checkbox"/> PROTEIN C (ANTIGEN)			
		111112	<input type="checkbox"/>	<input type="checkbox"/> PREKALLIKREIN (ACTIVITY)	215293	<input type="checkbox"/>	<input type="checkbox"/> PROTEIN S (ACTIVITY)			
		311506	<input type="checkbox"/>	<input type="checkbox"/> PROTIME VARIANT	111138	<input type="checkbox"/>	<input type="checkbox"/> TOTAL PROTEIN S (ANTIGEN)			

Should you have any questions about these or other coagulation assays, feel free to contact Dr. Ali Gabali, M.D., PHD, Medical Director, at (313) 745-2520 or (313) 993-0714, or the 24 hour Client Service Department at (313) 745-4100 or 1-800-456-2154.
Pick-up/Transportation: 1-313-993-0472 or 1-800-456-7637

SEND IN TOP 2 COPIES WITH SPECIMEN(S)

I. PATIENT PREPARATION

- A. Platelet Aggregation - Patient should preferably be off all medications, especially Persantine (dipyridamole) or ANY acetyl salicylic acid containing compound for 10-14 days prior or testing.
- B. Other Coagulation Studies - No restrictions.

II. SPECIMEN COLLECTION

- A. Method of Collection - Specimens may be collected in evacuated tube systems or by syringes. Be sure to mix, by inversion, the samples properly and perform a CLEAN venipuncture.
- B. Anticoagulant - The anticoagulant should be sodium citrate either 3.2% (for platelet aggregation) in a 9:1 ratio with whole blood, i.e., 1 ml of anticoagulant plus 9 ml of whole blood. SPECIAL COLLECTION INSTRUCTIONS listed below.
- C. Care of Specimen - After drawing, the blood should be centrifuged within 30 minutes of collection at a minimum of 1000 x g for 10 minutes at 4°C (Lupus Anticoagulant - 2500 x g for 15 minutes). Transfer plasma into a clean plastic or siliconized freezer tube and cap. Important! If requesting more than one test, plasma must be separated into more than one tube. See specimen requirement. Specimen must be kept at -20°C or -70°C until ready for transport, unless sending immediately.
- D. Specimen Requirement - Specimen amount varies, to be safe, approximately 1 ml is needed for each test requested. A separate storage tube is required for each test requested containing the above amount.

III. SPECIAL COLLECTION INSTRUCTIONS

- 1. Platelet Aggregation: 20 ml of whole blood is needed. Withdraw 18 ml of blood into a plastic syringe that contains 2 ml of 3.2% sodium citrate. When using blue top vacutainer tube, four are needed. The blood must be transported immediately after draw. Important! THE BLOOD MUST BE KEPT AT ROOM TEMPERATURE.
- 2. Heparin Induced Antibody/HIT Platelet Factor 4: 2 ml of serum (red top tube, do not collect in SST). Serum must be kept at -20 to -70 degrees centigrade until ready to transport. Transport serum on ice. If transporting immediately send red top unspun.
- 3. Tissue Plasminogen Activator (t-PA) (Activity): 2 ml of plasma using buffered acid citrate (black top tube from American Diagnostica Inc.) anticoagulant. Sent on ice or dry ice.

IV. TRANSPORTATION OF SPECIMENS

Call DMC dispatcher for pick-up at 1-800-456-7637.

Include data on tubes: Patient's name, hospital number, date. A request slip must accompany the specimen. If possible, send a brief history and list of medications.

Service for the Canadian clients will remain the same.

V. NOTIFICATION OF LABORATORY

An appointment must be made for Platelet Aggregation since this specimen requires immediate attention.

VI. ADVANCE BENEFICIARY NOTICE (ABN)

646 Prothrombin Time with INR
42721 Partial Thromboplastin Time