

SPECIAL COAGULATION REQUISITION – HEREDITARY THROMBOPHILIA TESTING (HTT)

Do not use this requisition for routine coagulation studies or another workup.

ORDERING PRACTITIONER: ADDRESS, PHONE, MSP PRACTITIONER NUMBER
PRACTITIONERS with multiple clinic sites indicate address results to be sent

Yellow highlighted fields must be completed.

Bill to: ☐ MSP ☐ PATIENT ☐ OTHER: _____

PERSONAL HEALTH NUMBER		DOB YYYY MM DD		SEX ☐ M ☐ F ☐ X ☐ UNK	If LOCUM above indicate for which PRACTITIONER and include MSP #
LAST NAME OF PATIENT		FIRST NAME OF PATIENT		If this is a STAT order please provide contact telephone number:	
PRIMARY CONTACT NUMBER OF PATIENT	SECONDARY CONTACT NUMBER OF PATIENT		OTHER CONTACT NUMBER OF PATIENT		Copy to PRACTITIONER/MSP Practitioner Number & Clinic name/address:
ADDRESS OF PATIENT			CITY / TOWN	PROVINCE	POSTAL CODE
DIAGNOSIS			IS THE PATIENT CURRENTLY ON ANY ANTICOAGULANT? ☐ None ☐ Heparin (unfractionated or low-molecular) ☐ Warfarin/Coumadin ☐ Other (i.e. apixaban, rivaroxaban, edoxaban, dabigatran): _____		

Please Complete the following questions to determine if testing is required.

In general, HTT is not indicated and potentially unreliable in acute care patients or those on anticoagulant therapy.

1. Did patient have a thrombotic event within the past 3 months?	☐ Yes HTT is NOT indicated. ☐ No Go to question 2.
2. Is HTT being ordered related to an arterial thrombotic event? (i.e. acute myocardial infarction, arterial stroke, peripheral vascular disease)	☐ Yes HTT is NOT indicated. ☐ No Go to question 3.
3. Has patient had recurrent (2 or more) episodes of VTE in their lifetime?	☐ Yes HTT is NOT routinely indicated. ☐ No Go to question 4.
4. Did patient have a VTE event associated with any of these provoking factors? - Major surgery - Hospitalization - Immobilization/leg cast - Long distance travel - Major trauma - Cancer - Chemotherapy - Hormonal treatment (OCP, HRT) - Pregnancy - Postpartum	☐ Yes HTT is NOT indicated. ☐ No Go to question 5.
5. Is patient <50 years old with a single unprovoked VTE event (including cryptogenic stroke with proven PFO)?	☐ Yes HTT will proceed. ☐ No Go to question 6.
6. Is the patient considering pregnancy or hormone use and has a first-degree relative with known HTT?	☐ Yes HTT will proceed. ☐ No Go to question 7.
7. Are there circumstances justifying the need for HTT not covered by the above criteria AND a subject matter specialist deems that HTT is clinically indicated?	☐ Yes HTT will proceed. Reason/indication: _____ ☐ No HTT is NOT indicated.

TEST REQUESTED

Please note: proceeding with testing may be subject to screening/internal review based on provided indication

☐ Antithrombin	☐ Protein C	☐ Protein S
☐ Factor V Leiden (FVL) Gene Mutation	☐ Prothrombin Gene Mutation (PGM)	

SIGNATURE OF PRACTITIONER			DATE SIGNED
DATE OF COLLECTION			TELEPHONE REQUISITION RECEIVED BY: (employee/date/time)
TIME OF COLLECTION			
COLLECTOR			
INSTRUCTIONS TO PATIENTS			

The personal information collected on this form is collected under the authority of the *Personal Information Protection Act*. The personal information is used to provide medical services requested on this requisition. The information collected is used for quality assurance management and disclosed to healthcare practitioners involved in providing care or when required by law. Personal information is protected from unauthorized use and disclosure in accordance with the *Personal Information Protection Act* and when applicable the *Freedom of Information and Protection of Privacy Act* and may be used and disclosed only as provided by those Acts.

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