Hamilton Health Sciences | St. Joseph's Healthcare Hamilton | Hamilton Regional Laboratory Medicine Program

LRC Special Coagulation Requisition

Submitter Information	Patient Information
Referring Location (Submitter)	Last Name
Guarantor Name	First Name
Telephone Number	Date of Birth (dd/mm/yyyy)
Authorizing Provider	Gender ☐ Male ☐ Female ☐ Other
CPSO No.	Gender Identity
Specimen Label	Health Card Number Version
Accession Number	Province
Collected (dd/mm/yyyy)	Postal Code
Time Collected (hh:mm)	Telephone
Specimen Type	Copy to
Specimen Source	**Additional Information**
Relevant Diagnosis	

Please see the HRLMP Laboratory test information guide for complete sample requirements https://lrc.hrlmp.ca/

Sample type for all tests: Approximately 1 mL of double spun, platelet poor, sodium citrate plasma per test. Ship frozen, on dry ice.

Special Coagulation Tests (Select all that apply)

Anticoagulant Monitoring

- ☐ Low Molecular Weight Heparin
- ☐ Unfractionated (Standard) Heparin
- ☐ Orgaran (Danaparoid)
- ☐ Fondaparinux (Arixtra)
- ☐ Apixaban (Eliquis)
- ☐ Rivaroxaban (Xarelto)
- ☐ Edoxaban (Lixiana)
- ☐ Dabigatran (Pradaxa)

Hemophilia Testing

- ☐ Emicizumab level (Hemlibra)
- ☐ Factor VIII:C
- ☐ Chromogenic Factor VIII
- ☐ Factor VIII - Automate (Altuviiio monitoring)
- ☐ Factor VIII – Human Inhibitor
- ☐ FVIII Chromogenic – Human Inhibitor
- ☐ Factor IX
- ☐ Factor 9 Synthafax (long acting FIX i.e., Rebinyn)
- ☐ Factor IX – Inhibitor

VWF Investigations

- ☐ VWF Screen, With Multimers *Includes: Factor VIII:C, VWF:GPIbR (Activity), VWF Antigen, VWF Multimers
- ☐ VWF Screen, No Multimers *Includes: Factor VIII:C, VWF:GPIbR (Activity), VWF Antigen
- ☐ VWF Antigen (VWF Ag)
- ☐ VWF:GPIbR (VWF Activity)
- ☐ VWF Multimers *Note: VWF GPIbR (Activity) and VWF Antigen will be added

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Factor Assays

- ☐ Factor II
- ☐ Factor II Echis (must be run with FII Biological)
- ☐ Factor V
- ☐ Factor VII
- ☐ Factor X
- ☐ Factor XI
- ☐ Factor XII
- ☐ High Molecular Weight Kininogen
- ☐ Prekallikrein

Factor XIII Testing

- ☐ Factor XIII Panel
  *Includes: FXIII Immunological and FXIII Activity
- ☐ Factor XIII Immunological
  Factor XIII Subunit A
- ☐ Factor XIII Activity

Fibrinogen Tests

- ☐ Fibrinogen Clauss
- ☐ Fibrinogen Antigen
- ☐ Reptilase
- ☐ Thrombin Clotting Time

Thrombophilia Screen

- ☐ Antithrombin
- ☐ Antithrombin Antigen
- ☐ Protein C Chromogenic
- ☐ Protein C Antigen
- ☐ Protein S Free
- ☐ Protein S Total
- ☐ APCR Ratio
- ☐ Lupus Anticoagulant Investigation
  *Includes: PT, APTT, TCT and Fibrinogen

Special Fibrinolysis Investigations

- ☐ Alpha-2 Plasmin Inhibitor
- ☐ Euglobulin Clot Lysis Time

Other

- ☐ Plasminogen

Shipping Address
Samples should be sent to:

Laboratory Reference Centre
Hamilton General Hospital - Core Laboratory Level 1-102
237 Barton Street Hamilton, ON L8L 2X2

Contact Us

LRC Client Support
8 am – 4 pm, weekdays
905-521-2100 x 46103
lrcclientsupport@hhsc.ca

Hamilton Health Sciences
MM Special Coagulation
Monday – Friday 8 am - 5 pm
Saturday / Sunday / Stat Holidays 8 am – 4 pm
905-521-2100 x 76277

For new clients, please visit https://www.hrlmp.org/lrc-hamilton for information on initiating services and invoicing process.