

THROMBOPHILIA SCREEN/ LUPUS ANTICOAGULANT SCREEN REQUEST FORM

All sections of this form **MUST** be completed by the requesting medical team. Samples **will not be analysed** unless a **fully completed** form accompanies the samples.

Thrombophilia screen: 6 Coagulation samples and 1 EDTA (FBC) sample.

LA Screen only: 4 Coagulation samples.

For Lupus Anticoagulant requests, a separate serum sample should be sent with a separate request form to the Immunology Department for Cardiolipin and $\beta 2$ Glycoprotein I antibody testing

Surname	<input type="text"/>	Male	<input type="checkbox"/>	Female	<input type="checkbox"/>
First Name	<input type="text"/>	Date of Birth	<input type="text"/>	<input type="text"/>	<input type="text"/>
Medical Record Number:	<input type="text"/>	External lab order number	<input type="text"/>		
Hospital:	<input type="text"/>	Ward	<input type="text"/>		
Consultant	<input type="text"/>	Specialty	<input type="text"/>		

Clinical Details (To be completed in all cases):

Anticoagulation: Yes No

If yes, state agent, dose and time last taken before samples taken:

Drug: _____ Dose: _____ Date and time taken: ____ / ____ / ____ : ____

Tests Requested: Refer to the guidelines for Thrombophilia Testing at <https://www.stjames.ie/LabMedInformation/> prior to sending request. This form can be downloaded at <https://www.stjames.ie/services/laboratorymedicinelabmed/>

Antithrombin	<input type="checkbox"/>	Lupus Anticoagulant	<input type="checkbox"/>	Factor V Leiden	<input type="checkbox"/>
Protein C	<input type="checkbox"/>	Activated Protein C Resistance	<input type="checkbox"/>	Prothrombin Gene Mutation	<input type="checkbox"/>
Protein S	<input type="checkbox"/>				

Consent for Genetic Testing:

The requesting clinician confirms that written consent has been obtained for testing for the Factor V Leiden mutation (if APCR test abnormal), testing for the prothrombin gene and subsequent storage of DNA samples:

Yes No

The consent form should be kept locally in the patient record and **SHOULD NOT** be sent to the laboratory with the test request.

Date and time sample taken: ____ / ____ / ____ : ____

Requested by (print name): _____ Signed: _____