



Instructions: To help provide the best possible service, supply the requested information below and send the paperwork with the specimen.

Patient Information

Table with 3 columns: Patient Name, Birth Date, Sex; Referring Provider Name, Phone, Fax\*; Other Contact Name, Phone, Fax\*

\*Fax number given must be from a fax machine that complies with applicable HIPAA regulations.

Reason for Testing and Clinical Information

Identify the coagulation diagnostic concern or other relevant information.
Coagulation-related testing results from referring laboratory.
Coagulation-related medication, given currently or in the past 7 days?
Transfusion or Replacement Factor, given within the past 72 hours?
Does the patient have:
For DNA-based testing, has patient had:
Von Willebrand Testing Information