

Enter your account number here >>>>

or provide the following:

Client Facility

City  State



# Test Requisition

3636 Boulevard of the Allies  
 Pittsburgh, PA 15213-4306  
 1-800-967-9672 or 412-209-7270  
 Facsimile No. 412-209-7275

**Patient Information**

Soc Sec #  Last Name or HIV Code  First

Birth Date mm-dd-yyyy  Sex  Lab/Hosp ID (12 Char Limit)

Diagnosis/Reason for Test  Medication (for Coag testing)

**Collection Information** (Must provide all information; for frozen samples, freeze plasma or serum w/in 4 hrs of collection unless otherwise noted)

Date Collected, mm-dd-yy  Time Collected, 24 hr clock  Time Frozen If Applicable

Ordering Physician

Last Name First Name Phone # if verbal result desired

**Special Instructions** (Will appear on report as report note)

Testing  Reporting

**See Directory of Services for complete list of tests, special instructions, and requirements**

**PANELS ARE DISEASE ORIENTED** - Mark test code for panel only if all tests listed are deemed medically necessary. Any test may be ordered individually. Panels include an interpretation. Please note, some tests are automatically reflexed based on abnormality of the original test unless you indicate that you do not want it. These reflexed tests will incur an additional charge.

**SPECIFY TUBES SENT: #BLUE TOPS ON ICE #ROOM TEMPS #OTHER**

<input type="checkbox"/> 547S LUPUS ANTICOAG SCREEN <input type="checkbox"/> 5359 PT 85610 <input type="checkbox"/> 5363 APTT 85730 <input type="checkbox"/> 535S APTT Mix 85732 <input type="checkbox"/> 535B dRVV 85613 <input type="checkbox"/> 535G TTI 85705 <input type="checkbox"/> 537E Thrombin Time with Reptilase Time if prolonged unless this <input type="checkbox"/> is marked 85635 <input type="checkbox"/> 547T LUPUS ANTICOAG PANEL I All tests listed for 547S+ <input type="checkbox"/> 547A Hexagonal Lipid Neut. 85597 <input type="checkbox"/> 537R Anticardiolipin Antibod (IgG,IgM) 86147x2 <input type="checkbox"/> 5364 Factor VIII:C 85240 <input type="checkbox"/> EXTENDED LAC PANEL <input type="checkbox"/> 547X Antiphosphatidyserine Abs (IgG, IgM) 86148x2 <input type="checkbox"/> 5651 Antiphospholipid Abs (IgG, IgM) 86147x2 <input type="checkbox"/> 5421 Anticardiolipin Antibody (IgA) 86147 <input type="checkbox"/> 5652 B2 Glycoprotein Abs (serum-IgG/M/A) 86146x3 <input type="checkbox"/> 547V THROMBOTIC RISK SCREEN <input type="checkbox"/> 536H Factor X 85260 <input type="checkbox"/> 5365 Antithrombin III Activity 85300 <input type="checkbox"/> 535Q Protein C Activity 85303 <input type="checkbox"/> 537Q Protein S Activity 85306 <input type="checkbox"/> 547C APC Resistance 85307 <input type="checkbox"/> 5370 STROKE PANEL <input type="checkbox"/> 547T Lupus Anticoagulant Panel I Multiple <input type="checkbox"/> 547C APC Resistance 85307 <input type="checkbox"/> 557X MTHFR Gene Variant C677T Multiple <input type="checkbox"/> 557V Prothrombin Gene Variant Multiple <p style="text-align: center;"><b>GENETIC TESTS CPT</b></p> <input type="checkbox"/> 557I Factor V Cambridge Mutation Multiple <input type="checkbox"/> 559I Factor V HR-2 Haplotype Multiple <input type="checkbox"/> 557F Factor V Leiden Mutation Multiple <input type="checkbox"/> 5607 Glycoprotein Ia (C807T) Multiple <input type="checkbox"/> 557X MTHFR Gene Variant C677T Multiple <input type="checkbox"/> 557Y MTHFR Gene Variant A1298C Multiple <input type="checkbox"/> 5620 PAI-1 Polymorphism (4G/5G) Multiple <input type="checkbox"/> 5621 PL A1/A2 Polymorphism Multiple <input type="checkbox"/> 557V Prothrombin Gene Variant Multiple	<input type="checkbox"/> 557T Hemochromatosis C282Y Multiple <input type="checkbox"/> 558D Hemochromatosis H63D Multiple <input type="checkbox"/> 547W DIC SCREEN <input type="checkbox"/> 5359 PT 85610 <input type="checkbox"/> 535P PT Mix 85611 <input type="checkbox"/> 5363 APTT 85730 <input type="checkbox"/> 535S APTT Mix 85732 <input type="checkbox"/> 5373 Fibrinogen 85384 <input type="checkbox"/> 5365 Antithrombin III 85300 <input type="checkbox"/> 537P FDP 85362 <input type="checkbox"/> 535A D-Dimer 85378 <input type="checkbox"/> 537E Thrombin Time with Reptilase Time if prolonged unless this <input type="checkbox"/> is marked 85635 <input type="checkbox"/> 5358 PLATELET AGGREGATION <input type="checkbox"/> 535T Plt Agg-20µM ADP 85576 <input type="checkbox"/> 535U Plt Agg 10µM ADP 85576 <input type="checkbox"/> 535V Plt Agg 5µM ADP 85576 <input type="checkbox"/> 535W Plt Agg-Collagen 85576 <input type="checkbox"/> 547F Plt Agg-1.2 mg Ristocetin 85576 <input type="checkbox"/> 535Y Plt Agg-0.3 mg Ristocetin 85576 <input type="checkbox"/> 535Z Plt Agg Arachidonic Acid 85576 <input type="checkbox"/> 547V PLATELET FUNCTION Same as 5358 above w/o Risto Aggregations <input type="checkbox"/> 536V VON WILLEBRAND SCREEN <input type="checkbox"/> 5363 APTT 85730 <input type="checkbox"/> 535S APTT Mix 85732 <input type="checkbox"/> 5364 Factor VIII:C 85240 <input type="checkbox"/> 537N Ristocetin CoFactor 85245 <input type="checkbox"/> 537F vW Antigen 85246 Includes Multimers if + unless this <input type="checkbox"/> is marked. <input type="checkbox"/> 5356 VON WILLEBRAND PROFILE All tests listed for 536V+ <input type="checkbox"/> 547F Plt Agg-1.2 mg Ristocetin 85576 <input type="checkbox"/> 535Y Plt Agg-0.3 mg Ristocetin 85576 <input type="checkbox"/> 551I Closure Time Collagen/EPI Collagen/ADP 85576	<p style="text-align: center;"><b>COAGULATION FACTORS</b></p> <input type="checkbox"/> 536E Factor II 85210 <input type="checkbox"/> 536F Factor V 85220 <input type="checkbox"/> 536G Factor VII 85230 <input type="checkbox"/> 536H Factor X 85260 <input type="checkbox"/> 5364 Factor VIII:C 85240 <input type="checkbox"/> 535C Additional/Intrinsic Factors <input type="checkbox"/> 536J Factor IX 85250 <input type="checkbox"/> 536K Factor XI 85270 <input type="checkbox"/> 536L Factor XII 85280 <p style="text-align: center;"><b>OTHER COAGULATION TESTS CPT</b></p> <input type="checkbox"/> 5745 ADAMTS-13 Activity 85246 Inhibitor if <30 unless this <input type="checkbox"/> is <input checked="" type="checkbox"/> 85335 <input type="checkbox"/> 5913 ADAMTS-13 Inhibitor 85335 <input type="checkbox"/> 5665 Adenine Nucleotides 82030 <input type="checkbox"/> 536A Antiplasmin Activity 85410 <input type="checkbox"/> 537H Antithrombin III Antigen 85301 <input type="checkbox"/> 5689 Aspirin Assay 85576 <input type="checkbox"/> 5912 Collagen Binding (vWF:CBA) 85246 <input type="checkbox"/> 537T Factor VIII Inhibitor (Anti-VIII) 85335 <input type="checkbox"/> 537U Factor IX Inhibitor (Anti-IX) 85335 <input type="checkbox"/> 537I Factor X Chromogenic 85260 <input type="checkbox"/> 536T Factor XIII Antigen 85290 <input type="checkbox"/> 536U Fibrinogen Antigen 85385 <input type="checkbox"/> 5762 Fondaparinux (Arixtra) Level 85220 <input type="checkbox"/> 535H Heparin Plt Ab-Aggregation 86022 <input type="checkbox"/> 550B Heparin PF4 Platelet Ab 86022 <input type="checkbox"/> 547L Heparin Level; Anti-Xa (Circle one) Unfract LovenoX Fragmin Organan 85520 <input type="checkbox"/> 558Q Homocysteine, Quantitative 82131 <input type="checkbox"/> 5653 Lipoprotein (a) [Lp(a)] 83695 <input type="checkbox"/> 5795 P2Y12 Platelet Function 85576x <input type="checkbox"/> 547P PAI-1 Activity 85415 <input type="checkbox"/> 5391 PAI-1 Antigen 85415 <input type="checkbox"/> 537A Plasminogen Activity 85420 <input type="checkbox"/> 5714 Platelet Assoc Autoantibody 86023x3 <input type="checkbox"/> 537M Protein C Antigen 85302 <input type="checkbox"/> 5705 Protein S Free Antigen 85305 <input type="checkbox"/> 536I Protein S Total Antigen 85305 <input type="checkbox"/> 5646 Protein Z 85999 <input type="checkbox"/> 5388 tPA Antigen 85415 <p style="text-align: center;"><b>OTHER</b></p>
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**SEE REVERSE SIDE FOR SPECIMEN REQUIREMENTS, MULTIPLE CPT CODES, AND ADD-ON POLICY**

\*\*\*\* Statement of Compliance with HIV-Related Information Act \*\*\*\*

Samples accompanying this request must be drawn in compliance with all applicable provisions of state laws governing HIV-related testing. Where required, informed consent must be obtained prior to ordering an HIV test. It is not necessary to submit a copy of the consent form.

## SPECIMEN REQUIREMENTS

Please note that if you order multiple tests, the plasma volume required may be less than the total for the individual tests

ADAMTS-13 Activity/Inhibitor	1 mL frozen citrate plasma
Adenine Nucleotides	3 blue tops, whole blood, room temp within 4 hrs
Anticardiolipin Abs	1 mL frozen citrate plasma
Antiphosphatidylserine Abs	1 mL frozen citrate plasma
Antiphospholipid Abs	1 mL frozen citrate plasma
Antiplasmin	1 mL frozen citrate plasma
Antithrombin III Activity	1 mL frozen citrate plasma
Antithrombin III Antigen	1 mL frozen citrate plasma
APC Resistance	1 mL frozen citrate plasma
APTT	1 mL frozen citrate plasma
APTT Mix	1 mL frozen citrate plasma
Aspirin Assay	1 blue top (2cc tube), whole blood, room temp within 4 hrs
Beta 2 Glycoprotein I Abs	1 mL frozen <b>serum</b>
Closure Time	2 blue tops whole blood, room temp within 4 hrs
D-Dimer	1 mL frozen citrate plasma
DIC Screen	3 mL frozen citrate plasma
dRVV	1 mL frozen citrate plasma
Euglobulin Lysis Time	1 mL frozen citrate plasma
Factor Activity (Factor II, V, VII, X, VIII:C, IX, XI or XII)	1 mL frozen citrate plasma for each factor ordered
Factor V Leiden, Cambridge, and/or HR-2 Mutation	1 yellow top, whole blood, room temp within 72 hrs
Factor X Chromogenic	1 mL frozen citrate plasma
Factor VIII Inhibitor (Anti-8)	2 mL frozen citrate plasma
Factor IX Inhibitor (Anti-9)	2 mL frozen citrate plasma
Factor XIII Antigen	1 mL frozen citrate plasma
FDP	1 mL frozen citrate plasma
Fibrinogen Activity	1 mL frozen citrate plasma
Fibrinogen Antigen	1 mL frozen citrate plasma
Glycoprotein Ia (C807T)	1 yellow top, whole blood, room temp within 72 hrs
Hemochromatosis HFE Mutation C282Y and/or H63D	1 yellow top, whole blood, room temp within 72 hrs
Heparin Level/Fondaparinux	1 mL frozen citrate plasma
Heparin Plt Ab-Aggregation	2 blue tops, whole blood at room temp within 4 hrs OR 2 mL frozen citrate plasma
Heparin PF4 Plt Ab	2 mL frozen citrate plasma
Hexagonal Lipid Neut.	1 mL frozen citrate plasma
HIV-1 PCR (DNA) Qual	1 yellow top, whole blood, room temp
Homocysteine, Quantitative	1 Fasting EDTA on ice, spun and plasma frozen immed
Lipoprotein (a)	1 mL frozen citrate plasma
Lupus Anticoagulant Screen	3 mL frozen citrate plasma
Lupus Anticoagulant Panel	4 mL frozen citrate plasma
MTHFR Gene Variant C677T and/or A1298C	1 yellow top, whole blood, room temp within 72 hrs
PAI-1 Activity	1 mL froz (w/in 1 hr) cit pl
PAI-1 Antigen	1 mL froz (w/in 1 hr) cit pl

## SPECIMEN REQUIREMENTS

PAI-1 Polymorphism (4G/5G)	1 yellow top, whole blood, room temp within 72 hrs
Platelet Associated Autoantibody	4 purple tops, whole blood, room temp within 24 hrs
PL A1/A2 Polymorphism	1 yellow top, whole blood, room temp within 72 hrs
Platelet Aggregation Study	4 blue tops, whole blood, room temp within 4 hrs
Platelet Function Study	4 blue tops, whole blood, room temp within 4 hrs
Protein C Activity	1 mL frozen citrate plasma
Protein C Antigen	1 mL frozen citrate plasma
Protein S Activity	1 mL frozen citrate plasma
Protein S Antigen (Free & Total)	1 mL frozen citrate plasma
Protein Z	1 mL frozen citrate plasma
Prothrombin Gene Variant	1 yellow top, whole blood, room temp within 72 hrs
PT	1 mL frozen citrate plasma
PT Mix	1 mL frozen citrate plasma
Reptilase Time	1 mL frozen citrate plasma
Ristocetin CoFactor	1 mL frozen citrate plasma
Stroke Panel	4 mL frozen citrate plasma; 1 yellow top, whole blood, room temp within 72 hrs
Thrombin Time	1 mL frozen citrate plasma
Thrombotic Risk Screen	3 mL frozen citrate plasma
tPA Activity	1 mL frozen (w/in 1 hr) cit pl
TTI	1 mL frozen citrate plasma
von Willebrand Profile	2 mL frozen citrate plasma AND 3 blue tops, whole blood, room temp w/in 4 hrs
von Willebrand Screen	2 mL frozen citrate plasma
vW Antigen	1 mL frozen citrate plasma
vW Antigen Multimer	1 mL frozen citrate plasma

## MULTIPLE CPT CODES

Each of the following 4 tests uses the same 5 CPT codes: Hemochromatosis C282Y or H63D, Glycoprotein Ia C807T, Factor V Cambridge or HR-2

83890	Molecular isolation or extraction
83892	Enzymatic digestion
83894	Separation (electrophoresis)
83898	Amplification (PCR), each
83912	Interpretation and report

Each of the following 5 tests uses the same 8 CPT codes:

	Factor V Leiden Mutation
	MTHFR Gene Variant C677T or A1298C
	PAI-1 Polymorphism (4G/5G)
	PL A1/A2 Polymorphism
	Prothrombin Gene Variant
83891	Isolation or extraction of highly purified nucleic acid
83892x2	Enzymatic digestion
83896x2	Nucleic acid probe, each
83903x2	Mutation scanning, single segment, each
83912	Interpretation and report