BAR CODE

Lab Use Only

Time Taken

Date Taken

Collector:

AUCKLAND CITY HOSPITAL

Thrombophilia Testing Request

Lab PLUS

FORM CC6934

Family Name First Name

NHI Number Gender Date of Birth

Ward

AFFIX PATIENT LABEL

Copy to:

Location:

Received Lab

Clinician Ordering Tests

NAME IN BLOCK LETTERS ..... *Department:* .....

NZMC# or Practitioner Code# ..... *Mobile / Locator Number:* .....

Date ..... *Signature* .....

The Thrombophilia screen is composed of:

Antithrombin III

Protein C

Protein S

APCR (activated Protein C resistance); if positive FV Leiden

Prothrombin gene mutation (G20210A)

SAMPLE REQUIREMENTS

1x EDTA

2x Citrate

DHB Referrals: 2x1mL frozen aliquots citrated plasma

SCREENING WILL NOT BE PERFORMED WITHOUT AN APPROPRIATE INDICATION.
Please indicate below.

INDICATIONS:

- ☐ Unprovoked venous thrombosis in patients 16-45 years old
- ☐ Warfarin induced skin necrosis, children with purpura fulminans *(Protein C and Protein S only)*
- ☐ Thrombosis in unusual site (portal, cerebral, mesenteric - NOT retinal, upper limb or catheter related)
- ☐ Patients with an unprovoked venous thrombosis with a strong family history of unprovoked venous thrombosis
- ☐ Adult siblings of patients with
  - ☐ Homozygous factor V Leiden (FVL)
  - ☐ Homozygous Prothrombin G20210A mutation (PTM)
  - ☐ Double heterozygotes for FVL/PTM
- ☐ Potential Solid organ donors
- ☐ Patients with recurrent miscarriage ≥ 3 consecutive first trimester pregnancy losses or ≥ 2 consecutive second trimester losses (this includes molar, partial molar and ectopic pregnancies) with no other cause. *(Activated Protein C resistance only)*
- ☐ IVF – recurrent implantation failure (APCR only)
- ☐ Other as discussed with a haematologist - please describe below:

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Reference: Clinical guidelines for testing for heritable thrombophilia. BJH 2010;149 (2), 209-220

SEPTEMBER 2019