Haematology Laboratory University Hospital Waterford Telephone: 051 842475

www.hse.ie/go/wrhlab - access the Haematology section of the UHW User Manual on website to print copies of form or use UHW Q-Pulse

Thrombophilia/Lupus Anticoagulant/Antiphospholipid Antibodies Request Form

All sections of the form must be completed. Samples will not be analysed unless a valid criterion for analysis is indicated. Refer to the Thrombophilia guidelines on the above website for details and recommendations on testing. In the absence of a valid criterion the samples will be discarded after 3 weeks.

Section A: Patient Details

Chart No.																		
Surname:															**Male:**		**Female:**	
First Name:														**D.O.B.**	DD / MM / YEAR			
Address:																		

Section B: Requesting Clinician Details

Doctor's Name:		**Doctor's Code:**	
Practice or Ward/Hospital Address:		**Doctor's Signature:**	

Section C: Sample Details: **Date & Time samples taken** DD / MM / YEAR 00:00

Is patient currently on anticoagulants? Yes ☐ No ☐ If yes indicate type: NOAC/DOAC ☐ Heparin(inc. LMWH) ☐ Warfarin ☐

Section D: Indication for testing

Thrombophilia Screen: Includes – Coag Screen (PT & APTT) Antithrombin, Protein C, Protein S, Activated Protein C Resistance (APCR), Lupus Anticoagulant

Send **6 coagulation samples** (blue cap) within 4 hours of phlebotomy. Tick one of the boxes below if full Thrombophilia screen is required

Indications for Thrombophilia screening		Indications for Thrombophilia screening in pregnancy	
Asymptomatic relatives with a family history of Antithrombin, Protein C or Protein S deficiency AND a family history of thrombosis		Woman with a history of unprovoked VTE (not on long term anticoagulation) Lupus Anticoagulant & Antiphospholipid antibodies only - Refer to the requirements below for these tests	
First venous thrombosis in a patient with a family history of unprovoked or recurrent venous thrombosis in one or more first degree relatives		Woman with a second trimester miscarriage	
Asymptomatic relative of venous thrombosis patients with a known heritable thrombophilia prior to hormonal treatment		Family history of unprovoked or oestrogen provoked VTE in a first degree relative <50yrs	
Other thrombosis e.g. cerebral venous sinus, splanchnic vein thrombosis, skin necrosis secondary to vitamin K antagonists		Woman with a previous event due to minor provoking factor	
Other reason for thrombophilia screen request – **specify:**		Woman with a prior VTE and a family history of VTE and known Antithrombin deficiency or where the specific thrombophilia has not been detected	

Indicate tests required: **Full Thrombophilia screen** ☐ (6 x coag) **Single assay (specify):** (3 x coag)

Lupus Anticoagulant & Antiphospholipid antibodies: Recommended to request both Lupus Anticoagulant screen and Anti-Phospholipid antibodies

Send **3 coagulation samples** (blue cap) and **1 clotted sample** (yellow cap) within 4 hours of phlebotomy. Tick one of the boxes below to indicate reason for request.

Recurrent (≥3) first trimester consecutive miscarriages		Patient with unprovoked PE or proximal DVT if anticoagulation is discontinued	
≥1 unexplained death of a morphologically normal foetus at or beyond 10/40		History of immune disorders and venous or arterial thrombosis	
≥ 1 premature birth of a morphologically normal neonate before 34/40 because of eclampsia / severe pre-eclampsia or placental insufficiency		Unusual or extensive venous or arterial thrombosis	
Young adult (<50yrs) with ischaemic stroke		Diagnostic workup for Systemic Lupus Erythematosus, Rheumatology/Dermatology/Immunology patient	

Other reason for Lupus Anticoagulant/Antiphospholipid antibodies – **specify**:

Indicate tests required: **Lupus Anticoagulant screen** ☐ (3 x coag) **Antiphospholipid antibodies** ☐ (1 x clotted)

Genetic Tests for Thrombophilia: Requests for **Factor V Leiden** and/or **Prothrombin gene** mutation analysis will not be processed unless a valid Thrombophilia screening indicator is shown on the request form. A patient consent form must also be sent when requesting these tests. Download a copy of the consent form from the UHW Laboratory User Manual website or from UHW Q-Pulse. **One EDTA sample** (purple cap) is required if one or both of these tests are requested. Factor V Leiden should only be requested when the Activated Protein C Resistance test is abnormal.