

THROMBOPHILIA PROFILE PARAMETERS- Test Requisition Form (TRF)

Location-Room no-23, Emergency Hematology Lab 24x7, Second floor, Teaching block, Department of Laboratory Medicine, All India Institute of Medical Sciences, New Delhi, **Phone number -6429**

Patient Information

Patient Name:	
Age/Gender:	
Hospital/Patient ID:	
Referring Physician Name and mobile number	
Department/Ward/OPD:	

Sample Details

Sample Receiving Time:	24x7
Sample Type:	<input type="checkbox"/> Citrated (Blue top tube) blood
Number of samples	Three (03) citrate tubes
Bar code	HPT
Volume Required:	Till the black mark on the vial/tube
Transport Condition:	<input type="checkbox"/> Room Temperature

Parameters

- ☐ Factor V Leiden Mutation/ Activated Protein C Resistance
- ☐ Protein C Activity
- ☐ Free Protein S
- ☐ Antithrombin III Activity
- ☐ Lupus Anticoagulant (dRVVT)-screen and confirm
- ☐ Factor VIII assay
- ☐ Factor IX assay

Clinical Details (Tick / Fill as Applicable)

- ☐ History of Recurrent Miscarriages
- ☐ Venous Thromboembolism (VTE)
- ☐ Deep Vein Thrombosis (DVT)
- ☐ Pulmonary Embolism (PE)
- ☐ Family History of Thrombosis
- ☐ Arterial Thrombosis
- ☐ Stroke
- ☐ Drug History- Any anticoagulation/ blood transfusion
- ☐ Any Other details

Send Physician Clear Name and Mobile number

For Laboratory Use Only

TRF No:	
Date Received:	
Condition of Sample:	<input type="checkbox"/> Acceptable <input type="checkbox"/> Not Acceptable Technician's Signature: _____