Calgary ® Laboratory Services

SPECIAL COAGULATION HEMOSTASIS SCREENING HISTORY

PATIENT INFORMATION
Information collected on this form is to be used only for the purpose of providing diagnostic interpretation of requested tests, and will not be used for any other purpose

Form must be completed prior to testing

Patient Surname (Please Print)	Full First Name	Middle
Personal Health Number (PHN)	Date of Birth (YY/MM/DD)	Ordering Physician

Reason for Screening:

Pregnant: ☐Yes ☐ No If yes, how many weeks gestation? _____

Personal Bleeding History:

☐ Bruising
☐ Nose Bleeds
☐ Heavy periods
☐ Excessive Bleeding with Dental Procedures
☐ Excessive Bleeding with Surgery
Type of Surgery/Date: _____
_____
☐ Other : _____

Family Bleeding History of Excessive Bleeding or Bruising (include relationship):

Medications – include all prescription, non-prescription and herbal preparations:

☐ Aspirin ☐ Ibuprofen (e.g. Advil, Motrin) ☐ Other: _____

Anticoagulants: ☐Yes ☐No ☐Coumadin ☐Low Molecular Weight Heparin ☐Unfractionated Heparin
☐ Other : _____

✓	Required Test (Physician Use Only)	Orderable (Lab Use Only)
☐	VWD study without platelet aggregation or closure time	HS1
☐	VWD study with platelet aggregation and closure time (includes CBC) Hematologist request only. Book with Special Coagulation at 403-770-3598.	HS1, PLAGG, CBC
☐	VWD study with Closure Time (includes CBC) Collected at Acute Care Sites only. Monday - Friday, 7:00 – 13:00	HS1, CLT, CBC
☐ ☐ ☐	Inhibitor Screen (Mixing Study) Investigation of Elevated PT/PTT Factor Assay Testing Specify:_____	HS1
☐	Other Specify:_____	HS1

This form must accompany sample to Special Coagulation.

For detailed ordering, collection and transportation information, please consult the CLS Guide to Services under Hemostasis Study, Closure Time or Platelet Aggregation as indicated.