Calgary Laboratory Services ®

SPECIAL COAGULATION
FACTOR Xa HISTORY FORM

PHYSICIAN INFORMATION

Physician Info: This form must be accompanied by a CLS Requisition

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

Heparin or other Anticoagulant History:

Is the patient taking Heparin: ☐Yes ☐No If yes, please indicate the type

- Unfractionated (IV Heparin) ☐
- Lovenox (Enoxaparin) ☐
- Innohep (Tinzaparin) ☐
- Fragmin (Dalteparin) ☐

Date and Time of last Dose: ____________________________

Amount of last dose: __________________________________

Recommended collection time is 3 – 5 hours post heparin dose

Is the Patient taking a Xa inhibitor or Indirect Xa Inhibitor? ☐Yes ☐No If yes, please indicate the type

- Rivaroxaban (Xarelto) ☐
- Apixaban (Eliquis) ☐
- Fondaparinux (Arixtra) ☐
- Danaparoid (Orgaran) ☐

Date and Time of last Dose: ____________________________

Name any other Anticoagulant not mentioned above ______________________

This Section – Laboratory Information Only	
Orderable	**Anti Factor Xa (AFXA)**
Sample Collection	1 blue top tube (Sodium Citrate)

This form and a copy of a CLS requisition must accompany sample to Special Coagulation.
For detailed ordering, collection and transportation information, please consult the CLS Guide to Services under Anti Factor Xa