

APPLICATION FOR THROMBOPHILIA SCREEN (Blood clots – DVT, PE etc)

All details must be filled in as accurately as possible in order for this complex set of investigations to be approved. Please fax to the Coagulation Laboratory: 03-4702992.

Patient's Full Name:		Date of Application:	
Patient's Date of birth:		NHI:	
Doctor:		Requesting Doctor's signature:	
Doctor's practice address and fax no:			

REASON FOR REQUESTING TEST:

PERSONAL HISTORY:

Have you ever had a deep vein thrombosis (DVT) or pulmonary embolus (PE)?	Yes / No
If you have answered yes to above,; when did the DVT/PE occur What age were you at the time?	
Did the VTE occur during pregnancy, while on the combined contraceptive pill, after surgery or following a period of immobility? If yes, please give details What medications did you take for the DVT and/or PE and for how long?	Yes / No
Have you ever had any complications associated with pregnancy, such as miscarriages, stillbirths, toxemia (PET)? If yes, please give details What treatment were you given?	NA / Yes / No
Please list all medications you are currently taking (including oral contraceptive pill)	

FAMILY HISTORY:

Do you know if a parent, or any first degree relative were ever diagnosed as having a DVT or PE? If yes, details of who and at what age they had the DVT or PE (eg mum, DVT at 40yrs)	Yes / No
Did the family member's DVT or PE occur during pregnancy, surgery or a period of immobility? Provide details:	Yes / No
Do you know if there is an inherited problem in your family that causes thrombosis?	Yes / No
If yes, what is the nature of the problem?	

LABORATORY HAEMATOLOGIST USE ONLY:

Protein C, Protein S, Antithrombin, Factor V Leiden, and Prothrombin gene mutation - Lupus Anticoagulant + Anticardiolipin antibodies:

Samples required: x5 Citrates, x1 EDTA, x1 SST

Approved/Declined - Haematologist: _____ Date: _____

APPLICATION FOR THROMBOPHILIA SCREEN (Blood clots – DVT, PE etc)

All details must be filled in as accurately as possible in order for this complex set of investigations to be approved. Please fax to the Coagulation Laboratory: 03-4702992.

Indications for Thrombophilia Testing –BCSH guidelines 2010

Purpura fulminans in neonates or children – test for Protein C and S deficiency

Young patients (<40yrs) with unprovoked venous thromboembolic event (VTE) with a strong family history (1st degree relatives) of **unprovoked recurrent** VTE - may influence decision regarding duration of anticoagulation

Timing of sample collection

Samples not to be collected during acute VTE episode, while on anticoagulation or within 4 weeks of stopping anticoagulation.

Not Indicated

1. Provoked VTE
2. Arterial thrombosis – lupus anticoagulant and anticardiolipin may be indicated depending on clinical context
3. Assisted conception and ovarian hyperstimulation syndrome
4. Prevention of thrombosis in women considering oestrogen containing hormone oral contraception
5. Asymptomatic relative of patients with low risk thrombophilic disorders (Factor V Leiden and Prothrombin gene mutation) or very rare homozygous or compound heritable thrombophilia
6. Retinal vein thrombosis