Children's Hospital of Philadelphia
Pathology & Laboratory Medicine

CORE LABORATORY: HEMATOLOGY REQUISITION

Robert W. Doms, M.D., Ph.D., Pathologist-in-Chief

PATIENT NAME: SEX: M F

MR:

AGE/ DATE OF BIRTH:

ACCT#: Collection Date :_____ CollectionTime:_____

CLIENT IDENTIFIER:_____

Date: _____

Diagnosis/ICD-10: _____

Ordering Physician/CRNP: _____

Ordering Location: _____

Ascom or Ext: _____

Please Fax Lab Results To:_____

Physician, CRNP or Designee *Name (please print):* _____ *Signature:*_____

HEMATOLOGY	
CBCND	□ CBC, no Differential
CBCWD	□ CBC with Differential
	□ CBC Pathologist Interpretation
ESR	□ Erythrocyte Sedimentation Rate
G6PD	□ G6PD Qualitative
HH	□ Hemoglobin & Hematocrit
HBIDQ	□ Hemoglobin ID/Quantitation
IPF	□ Immature Platelet Fraction
RPIT	□ RBC Pit Count
RET	□ Reticulocyte Count
RETHE	□ Reticulocyte Hgb Equivalent
Hematology- Bone Marrow	
BMR	□ Bone Marrow Report
Pregnancy	
SPREG	□ Serum Pregnancy
UPRG	□ Urine Pregnancy
Urinalysis	
UAX	□ Urinalysis, no Microscopic
ENH	□ Enhanced Urinalysis
CSF/Body Fluid Cell Counts	
FLUID TYPE	
BFCC	Body Fluid Cell Count

COAGULATION	
DIMER	□ D-Dimer
DRVVT	□ Dilute Russell Vipor Venome Time
FIBR	□ Fibrinogen
XALOV	□ Heparin, Anti Xa, Levenox
XAUNF	□ Heparin, Anti Xa, Unfractionated
INH	□ Inhibitor Screen (APTT Mixing Study)
PTI	□ Prothrombin Time (PT/INR)
APTT	□ Partial Thromboplastin Time (PTT)
PTMAP	□ Platelet Mapping
PROCF	□ Protein C Functional
PROSF	□ Protein S Functional
TEG	□ Thromboelastogram (TEG)
ATIII	□ Anti-Thrombin III Activity
THROM	□ Thrombin Time
PLATELET FUNCTION	
CPF	Comprehensive Platelet Function

COAGULATION-Factor Testing	
F8CHO	□ Chromogenic Bethesda Assay
DTIBI	□ Direct Thrombin Inhibitor - Bivalirudin
F2	□ Factor II - Assay
F5	□ Factor V - Assay
F7	□ Factor VII - Assay
F8	□ Factor VIII - Assay
F8INH	□ Factor VIII - Inhibitor
F8C	□ Factor VIII - Chromogenic
F9	□ Factor IX - Assay
F9INH	□ Factor IX - Inhibitor
F10	□ Factor X- Assay
F11	□ Factor XI- Assay
F12	□ Factor XII- Assay
F13	□ Factor XIII- Assay
VWAC	□ von Willebrand Factot Activity
VWAN	□ von Willebrand Factor Antigen
vWM	von Willebrand Muiltimers

Comments: • By using and sending this Requisition Form to CHOP Outreach Lab for laboratory testing, you, the sender acknowledge and agree that you have read and agree to the CHOP Terms and Conditions posted at www.chop.edu/labs and agree to pay CHOP the rates in CHOP's fee schedule in effect on the date the specimen is received.