



COLLECTORS PLEASE NOTE:

Ensure citrate tubes are filled correctly.
Sample should fill **ABOVE** the frosted line, which indicates the minimum acceptable volume.

Attach eCollect label here

Coagulation Questionnaire

Patient's name:		Date of birth: / /	
Are you taking anticoagulants? <input type="checkbox"/> Yes <input type="checkbox"/> No		Dose mg	<input type="checkbox"/> daily <input type="checkbox"/> twice daily
Please (✓)	<input type="checkbox"/> Warfarin	<input type="checkbox"/> Rivaroxaban (Xarelto®)	<input type="checkbox"/> Dabigatran (Pradaxa®)
	<input type="checkbox"/> Clexane	<input type="checkbox"/> Aspirin	<input type="checkbox"/> Clopidogrel
	Date and time of LAST DOSE: / / AT : AM / PM		
List any <u>other</u> medications you have taken in the last 10 days, including vitamins, over the counter or alternate therapy			

Please complete either A or B

A. Venous thrombosis (blood clotting) investigation

Tests: Thrombophilia screen, Protein C, Protein S, APCR, Factor V Leiden, P20210A, Anti-thrombin III, or Lupus anticoagulant combined with any of the preceding tests.

You will have to pay a fee for this test - unless you meet the specific Medicare criteria.

Your doctor has requested a full thrombophilia screen. Have YOU had any previous episodes of thrombosis (blood clotting) in the veins?

- No. You will have to pay a fee for the test(s) - a Medicare rebate is NOT available (even if you have a family history). Please proceed to the next question.
- Yes. Personal history of venous thrombosis - a Medicare rebate is available if relevant history is in clinical notes from doctor or doctor notes Medicare criteria met.

Are YOU a first-degree relative* of someone with a PROVEN inherited clotting disorder AND are you being tested for a single test only?

A full thrombophilia screen is not claimable under this item.

- No. You will have to pay a fee for the test(s) - a Medicare rebate is NOT available. Please proceed to the next question.
- Yes. A Medicare rebate is available. (The relevant history must be in clinical notes from the doctor).

*A first-degree relative is your child; sister; brother; or parent. **Please circle:** Parent Sister/Brother Child **Diagnosed with:**

You WILL have to pay a fee for tests associated with: the investigation of a family history of clotting (Deep Vein Thrombosis/DVT)/Pulmonary embolism (PE); stroke (CVA); Trans-ischemic attack (TIA); thrombosis in the artery; the investigation of infertility; miscarriage; or before going on the oral contraceptive pill (OCP), or if your doctor marks the request form: 'Medicare criteria not met'.

Account statement - IMPORTANT

- Yes, I agree to pay any fees associated with these tests in full. Please proceed with testing.
- No, do not proceed with testing. Sullivan Nicolaides Pathology recommends that you consult your doctor.

Signed: Date: / /

Please tick one: Patient Agent Carer

B. Bleeding investigation (and/or Pre-operative screen)

Tests: Coagulation screen, von Willebrand screen, von Willebrand Factor assays, or Lupus anticoagulant only.

ALL tests in this section qualify for a Medicare rebate.

Will you be having surgery in the near future? (e.g. tooth extraction, liver biopsy) No Yes If 'Yes', please give further details:

Type of surgery: Date: / / Time:

Have you ever bled excessively after surgery, tooth extractions, or childbirth? No Yes

Have you had any other abnormal bleeding recently? (e.g. nosebleeds, heavy periods) No Yes If 'Yes', please give further details:

Do you bruise more easily than other people? No Yes If 'Yes', please give further details:

How long have you had this tendency to bruise (is it a recent development, or have you had it all your life)?

Does your bruising occur as a result of a small knock or for no apparent reason? No Yes If 'Yes', please give further details:

Do you have any relatives who suffer from bleeding disorders? (Haemophilia, von Willebrand's disease) No Yes

If 'Yes', please give further details of your relative with a bleeding disorder:

Name: Relationship to you: