Clinical Directorate of Laboratory Medicine, Beaumont Hospital					
Doc No:	HAEMC-LF-023	**Revision**	6	**Active Date**	06/05/2022

INHERITED THROMBOPHILIA SCREEN / LUPUS ANTICOAGULANT SCREEN REQUEST FORM

All sections of this form MUST be completed by the requesting medical team. Samples will not be analysed unless a fully completed form accompanies the samples. Inherited Thrombophilia Testing includes all of the following assays: Antithrombin, Protein C, Protein S, Fibrinogen, D-Dimer, Activated Protein C Resistance (APCR), Genetic test for the Factor V Leiden gene mutation and/or the Prothrombin gene mutation *(written patient consent is required for these genetic tests – see below.)* Lupus Anticoagulant (LA) is an acquired thrombophilia with different indications for testing.

Thrombophilia screen: 4 Coagulation samples and 1 EDTA (FBC) sample. ***LA Screen only: 1 Coagulation sample.***

Send specimens and completed form to Coagulation Dept, Beaumont Hospital, Dublin 9. Tel: 01-8092656

Section A: Patient Details

Surname _____ **Male** ☐ **Female** ☐

First Name _____ **Date of Birth** __ __ __ __ __ __ __ __

Episode Number: _____ **Ward** _____

Hospital: _____ **Consultant** _____

Sanctioned by (member of Haematology team): _____

Date and time sample taken: _____ **Sample type:** _____

Requesting Doctor: _____ **Bleep number/ Contact details:** _____

Test Requested: Thrombophilia Screen (TPSC) ☐ **Lupus Screen (LA)** ☐ **PT_MUT** ☐

***Testing should not be carried out while patient is on anticoagulant therapy.**

Is the patient on anticoagulation therapy Yes ☐ No ☐

Name of anticoagulant _____ Date & time of last dose _____

Additional clinical details _____

Section B: Indication for testing: Inherited Thrombophilia Screen / Lupus Anticoagulant Screen

Refer to the BSH guidelines for Thrombophilia Testing at https://b-s-h.org.uk/guidelines/guidelines/testing-for-heritable-thrombophilia/.

Indication for testing: tick as appropriate and include specific details in the box below

INHERITED THROMBOPHILIA SCREEN

Asymptomatic relatives with a family history of Antithrombin, Protein C or Protein S deficiency AND a family history of thrombosis		Pregnant woman with a family history of unprovoked or oestrogen provoked venous thrombosis in a first degree relative <50yrs	
First unprovoked venous thrombosis in a patient with a family history of unprovoked venous thrombosis in one or more first degree relatives		Pregnant woman with a previous thrombotic event due to a minor provoking factor	
Asymptomatic relative of venous thrombosis patients with a known heritable thrombophilia prior to oestrogen containing hormonal treatment		Skin necrosis in association with Vitamin K antagonists **(Protein C and Protein S level only).** Vitamin K antagonist should be held for a minimum of one week before testing	
Unprovoked venous thrombosis at unusual sites (e.g. cerebral venous sinus, splanchnic vein thrombosis)		Suspected Purpura Fulminans **(Protein C and Protein S levels only)**	

LUPUS ANTICOAGULANT SCREEN

(For full Antiphospholipid Syndrome screen a separate serum sample should also be sent with a separate request form to the Immunology Department for Antiphospholipid Antibody testing (Anticardiolipin and Anti-β2 Glycoprotein1 antibodies)

Younger patient (<50) with unprovoked venous thrombosis		**Pregnancy Morbidity:**	
Unprovoked venous thrombosis at unusual sites (e.g. cerebral venous sinus, splanchnic vein thrombosis)		a) Recurrent (≥ 3) first trimester consecutive miscarriages	
Recurrent venous thrombosis unexplained by sub-therapeutic anticoagulation, patient non-adherence, or malignancy		b) ≥ 1 unexplained death of a morphologically normal foetus at or beyond 10/40	
Ischaemic stroke or other arterial thrombosis in young adult (<50yrs) or patients with evidence of paradoxical embolism		c) ≥ 1 premature birth of a morphologically normal neonate before 34/40 because of eclampsia / severe pre-eclampsia or placental insufficiency	
Unusual or extensive venous or arterial thrombosis			
History of immune disorders and venous or arterial thrombosis			
Diagnostic workup for Systemic Lupus Erythematosus (SLE)			

Section C: Consent for genetic testing

The requesting clinician confirms that written consent has been obtained for testing for the Factor V Leiden mutation (if APCR test abnormal), testing for the prothrombin gene and subsequent storage of DNA samples

Yes ☐ No ☐ Note: If the "YES" box is not ticked, the genetic tests will not be processed.

The consent form should be kept locally in the patient record and SHOULD NOT be sent to the laboratory with the test request. *REF: HAEMP-LF-003 Beaumont Hospital Haematology Genetic Consent Form.*