

**ROTUNDA HOSPITAL DEPARTMENT OF LABORATORY MEDICINE
RF-HAEM-0002 Acquired Thrombophilia Request Form Edition 06**

AFFIX PATIENT STICKER OR WRITE: NAME DOR

Referred by (LEGIBLE): _____ MCR No: _____

Consultant/Registrar/Senior house officer/ Midwife (circle one)

Contact number (LEGIBLE): _____

Team: _____ Send report to _____

Date of last miscarriage: _____

(Testing should be delayed for 8 weeks from date of pregnancy loss)

Date of collection _____ Time of collection _____ Taken by _____

Please tick box which corresponds to the indication for testing

Acquired thrombophilia (Anti-phospholipid syndrome)** (Send one clotted sample (red top) and two citrated samples (blue top) Send samples Mon-Fri before 3.30pm	
<input type="checkbox"/>	Testing is recommended in patients with recurrent unexplained first trimester miscarriage (≥ 3 miscarriages <10/40 gestation)
<input type="checkbox"/>	Consider testing in patients with ≥1 unexplained late fetal loss
<input type="checkbox"/>	Consider testing in patients who have experienced ≥1 premature birth of a morphologically normal neonate before 34/40 because of eclampsia/severe preeclampsia or intrauterine growth restriction
<input type="checkbox"/>	Testing is recommended in patients with unprovoked proximal venous thrombosis or pulmonary embolus after stopping anticoagulation (for at least 7 days)
<input type="checkbox"/>	Consider testing in arterial thrombosis occurring at a young age or in patients unusual/extensive VTE
<input type="checkbox"/>	Testing is recommended in young adults (<50 years) with ischaemic stroke

***Testing for Acquired thrombophilia includes:

- Lupus anticoagulant
- Anticardiolipin antibodies / Anti-B2GP1 antibodies (IgG and IgM)

If ordering in MN CMS use “Acquired Thrombophilia Screen, RH’ “ careset

It is recommended that testing is not performed while on anticoagulant therapy.