

Request form Hemostasis Research Unit

CENTRAL LABORATORY – HEMOSTASIS RESEARCH UNIT – UNIVERSITY HOSPITAL ANTWERP

Identification requesting laboratory:

Name:

Address:

Contact e-mail:

Identification patient:

Patient:

Date of birth:

Reference number sample:

Date sample collection:

Sample amount:

Request for von Willebrand disease:

- | | | |
|---|--------------------------|-----------------------|
| Analysis of von Willebrand factor collagen binding (30€) | <input type="checkbox"/> | (1ml citrated plasma) |
| Analysis of von Willebrand factor Multimers * (60€) | <input type="checkbox"/> | (1ml citrated plasma) |
| Molecular analysis von Willebrand Factor gen | <input type="checkbox"/> | (1ml EDTA) |
| Analysis of von Willebrand factor – FVIII Binding * (80€) | <input type="checkbox"/> | (1ml citrated plasma) |
| Analysis of von Willebrand factor propeptide * (16€) | <input type="checkbox"/> | (1ml citrated plasma) |

(*Concentration vWF:antigen required)

Other request:

- | | | |
|-------------------------------------|--------------------------|-----------------------|
| Analysis of Adams-13 Activity (86€) | <input type="checkbox"/> | (1ml citrated plasma) |
| Analysis of Adams-13 Antigen (56€) | <input type="checkbox"/> | (1ml citrated plasma) |
| Analysis of FV antigen | <input type="checkbox"/> | (1ml citrated plasma) |

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Relevant lab results (*Concentration vWF:antigen always required):

| | |
|---|-----|
| APTT (normaal ≤.....sec) | Sec |
| FVIIIcoagulans (normaal ...-%) | % |
| Von Willebrand Factor Antigen (normal ...-%)* | *% |
| vWF: Ristocetine cofactor (normal ...-%) | % |
| vWF: Collagen binding activity (normal ...-%) | % |
| vWF: propeptide (normaal ...-%) | % |
| <u>Platelet aggregation (RIPA):</u> | |
| Normal ristocetin concentration (normal ...-%) | % |
| Low ristocetine concentration (normal ...-%) | % |
| <u>Platelet function (PFA):</u> | |
| COL/EPI | Sec |
| COL/ADP | Sec |

Remark: Turnaround time : 1 month

Date:

Name:

Signature:

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