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## SPH Requirement For anti-Xa based Heparin Assay

Patient Name: \_\_\_\_\_

D.O.B.: \_\_\_\_\_

PHN: \_\_\_\_\_

-Reason for Request \_\_\_\_\_

-Referring Lab \_\_\_\_\_

-Requesting Doctor and Phone number \_\_\_\_\_

-Heparin name and type i.e. (low molecular weight Heparin Fraxiparine) \_\_\_\_\_

### Sample Type:

Collect 1 blue top Na Citrate tube double spun and send frozen. Minimum amount 1.0 ml

### Special Instructions:

1. Type of Heparin must be specified.
2. Sample should be drawn 4 hours post dose of patients receiving low molecular weight Heparin
3. Plasma must be removed from cells within 1 hour of venipuncture.
4. Plasma must be stored and sent frozen.

DOSE TIME : \_\_\_\_\_