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| **Questionnaire for Thrombotic Screen (Blood Clots – DVT / PE etc.)**  Surname: ……………………………………. First Name: ……………………………….  DOB: …………………………………………. Requestor: …………………………………….  Date: ………………………………………. | | | | | | | |
| **PERSONAL HISTORY** | | | | | | | |
| * Unprovoked DVT or PE in young patients (<45 years) | | | | | Yes / No | | | |
| * Skin necrosis whilst on anticoagulation | | | | | Yes / No | | | |
| * Thrombosis in unusual sites (e.g. Brain, intestine, liver) | | | | | Yes / No | | | |
| * Do you remember if you ever took warfarin / Dabigatran / Rivaroxiban / Clexane | | | | | NA / Yes / No | | | |
| **FAMILY HISTORY** | | | | | | |
| Do you know if your parents or any first degree relative has been diagnosed as having: | | | | | | | | | |
| * Unprovoked DVT or PE in young patients (<45 years) | | | | | | Yes / No | | | |
| * Children presenting with purpura | | | | | | Yes / No | | | |
| * Siblings of with inherited cause of blood clot | | | | | | Yes / No | | | |
| **INVESTIGATIONS REQUIRED** | | | | |
| ***Family History of Blood Clots*** |  | ***Personal History of Blood Clots*** | | |
| ↓ |  | ↓ | | |
| Thrombophilia Screen |  | Thrombophilia Screen + Lupus Anticoagulant | | |
| (Protein C & S, Antithrombin, Factor V Leiden, Prothrombin mutant) |  |  | | |
| Test Codes - **THRO, CBC, COAP** |  | *Test Codes* **- THRO, CBC, LUPA, CLIP** | | |
| **Samples Required** - 4 Citrates\*, 2 EDTA |  | **Samples Required** - 5 Citrates\*, 2 EDTA, 1 SST | | |

A blue and white logo

Description automatically generated

\*2.7 ml Citrate

Please circle screen required.

**Glossary**

DVT Deep Vein Thrombosis

PE Pulmonary Embolism (blockage in one of the pulmonary arteries)

Necrosis Skin tissue death

Thrombosis Blood clots form inside a blood vessel

Purpura  Purple coloured spots or patches on the skin

First degree relative Parents, siblings, and children

Unprovoked Without being triggered or caused by anything external.