



**DIVISION OF LABORATORY MEDICINE  
LABORATORY TEST REQUISITION  
EMERGENCY BLEEDING PANEL**

Requesting Physician: \_\_\_\_\_

\*Requesting Physician Signature: \_\_\_\_\_; Pager #: \_\_\_\_\_

Service: \_\_\_\_\_

\*Collection Date & Time: \_\_\_\_\_ (date); \_\_\_\_\_ (time)

\*Collected by: \_\_\_\_\_ \*Specimen Source: \_\_\_\_\_

PLACE PATIENT  
LABEL HERE

**STAT\*\***

**Special Instructions:**

**Tube types and volumes:**

1 Light blue top (citrate, 2 or 3 mL)

1 Lavender top (EDTA, 0.5 mL BD MAP or 2 mL Vacutainer)

**Tubes must be filled to the correct volume or samples will be discarded.** Improperly filled tubes impact test results.

**Laboratory Notification: The key to making the EBP successful is communication to the Laboratory.**

1. You **must notify the Laboratory (476-1711)** that you are sending samples for this test panel and provide patient name/MRN.
2. Order laboratory testing using the Cerner order set (Blood Bank Emergency Bleeding Labs) or this paper requisition.
3. Send samples to laboratory (2 Main) by **courier/transport (PREFERRED)**; tell staff **"This is for emergency bleeding panel testing"**  
Alternative is to use pneumatic tube.
4. Results will be posted in Cerner and critical values will be called according to our standard procedures.

EMERGENCY BLEEDING PANEL		
X	HH	Hemoglobin and Hematocrit
X	PLATC	Platelet count
X	PT	PT with INR (Prothrombin Time)
X	FIB	Fibrinogen
FOR ECMO		
	UFH	Unfractionated heparin level

**\*Required Field**