



### PATIENT HISTORY FOR LUPUS TESTING

**THIS IS NOT A TEST REQUEST FORM. The information below is required to perform Lupus testing, and must be submitted with the test request form .**

Patient Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

**Lupus Testing:**

**Medications:** (Please check all that apply)

- Coumadin/Warfarin (Vitamin K Antagonists)
- Heparin (unfractionated)
- Low Molecular Weight Heparins (Lovenox [Enoxaparin], Fragmin [Dalteparin], Other)
- Direct Thrombin Inhibitor (Pradaxa [Dabigatran], Acova [Argatroban], Bilvalirudin, Hirudin)
- Direct Xa Inhibitor (Xarelto [Rivaroxaban], Eliquis [Apixaban])
- Fondaparinux (Arixta)
- Vitamin K
- Thrombolytic (t-PA)
- Aprotinin (or other antifibrinolytic drugs)

**Transfusion History:**

- Transfusion of Factor Replacement, past 72 hours? Yes  No
- Factor Concentrate-Specify product: \_\_\_\_\_  
[DDAVP, Cryoprecipitate, Fresh Frozen Plasma, VWF Concentrate, FVIII Concentrate, FIX Concentrate]

**Medical History:**

- Known congenital bleeding disorder? Yes  No   
If yes, which disorder? \_\_\_\_\_
- Known Coagulation Factor Inhibitor? Yes  No   
If yes, which disorder? \_\_\_\_\_