South Tees Hospitals NHS	File name: S_HA_CD_FORM0028	Revision: 5
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DELIVER REQUISITION WITH SAMPLES TO THE COAGULAT Please telephone request to extension 54315 Out of Hours (17:30-0	South lees hospitals IVIII	
Date: Time (mandatory):	Affix	
Location and Extension Number:	Addressograph Here	
GENERAL TEG SCREEN  Please select ONE of the following requests	CARDIAC SURGERY Please select ONE of the following requests	
Clinical details:	TEG (Baseline/On Induction)	
	(Lab Only: PLT MAP Cartridge): 1 Green Tube	
	Please indicate anticoagulants/ antiplatelet drugs:	
Routine TEG Profile	Anticoagulant	
(Lab Only: CK Cartridge): 1 Blue Tube	UF Heparin	
Routine Platelet Mapping	LMWH	
(Lab Only: PLT MAP Cartridge): 1 Green Tube	Warfarin Dabigatran	
Please indicate anticoagulants/ antiplatelet drugs:	Apixaban	
Anticoagulant UF Heparin	Rivaroxaban	
LMWH	Other: please state	
Warfarin	Antiplatelet Agent	
Dabigatran	Aspirin	
Apixaban	Ticagrelor (Brilinta®)	
Rivaroxaban	Clopidogrel (Plavix®) Other: please state	
Other: please state Antiplatelet Agent		
Antiplatelet Agent	TEG (Re-Warm)	
Ticagrelor (Brilinta®)	(Lab Only: CK Cartridge): 1 Blue Tube	
Clopidogrel (Plavix®)	TEC (Post Protomine)	
Other: please state	TEG (Post-Protamine) (Lab Only: CK Cartridge): 1 Blue Tube	
	(Lab Only, Ort Gartings). I Blac Table	
MA IOD HAEMODDHAGE DROTOCOL	TEG (Post-Op CITU)	
MAJOR HAEMORRHAGE PROTOCOL	(Lab Only: CK Cartridge): 1 Blue Tube	
Please select ONE of the following requests		
TEG (Baseline) BEFORE First MHP Pack (Lab Only: CK Cartridge): 1 Blue Tube		
TEG (Subsequent Samples/Post-Op ITU)		
(Lab Only: CK Cartridge): 1 Blue Tube		
RBC FFP	Tranexamic Acid	
Platelets Cryoprecipitate	Other: please state	