

MICHIGAN MEDICINE Pathology Testing / Diagnostic / Screening Requisition – Rotational Thromboelastometry (ROTEM®) Results Reporting Location Code		NAME: MRN BIRTHDATE: CSN: Affix patient label above	
<input checked="" type="checkbox"/> STAT Order Date: _____ (mm/dd/yyyy)		ICD-10 Code/diagnosis: _____	
Collected by: _____		Required- Ordering / Interpreting clinician to receive report: _____ UMHS Dr. # _____	
Collected Date: _____ (mm/dd/yyyy)	Collection Time: _____ A.M./ P.M.	Attending Physician (if different from above): _____	UMHS Dr. # _____

- Draw venous blood into 2.7ml Blue Top (3.2% Sodium Citrate) tube.
 Fill out requisition with **Collection Date, Time, Ordering physician** (anesthesia faculty) Information.
- Mark Test desired (Select up to 4 tests):**

<u>Test Code</u>	<u>Test description</u>
<input type="checkbox"/> EXTEM	Extrinsic Screening Test
<input type="checkbox"/> INTEM	Instinsic Screening Test
<input type="checkbox"/> FIBTEM	Extem assay, fibrin part of the clot in absence of platelet
<input type="checkbox"/> APTEM	Extem based assay, Fibrinolysis is inhibited by aprotinin
<input type="checkbox"/> HEPTEM	Intem based assay, in the presence of heparinase
- Check desired test time in minutes:** A20 = Amplitude of clot 20 minutes after clot time

A20 **MCF** **60** **Specify:** _____

****If no length of run is selected, the run will be stopped at A20 ****
- Walk sample with the requisition to the Hematology Lab Floor 2, Room 2F471 Main Hospital or tube the specimen to Specimen Processing (UH) Hematology Lab Phone # 66798
- Remote viewing:** Link: <https://gem-web-live.med.umich.edu/rotem/>
 Log in with level 2 password and search for the patient's CSN

ROTEM Viscoelastic testing is not FDA approved for the pediatric population (<21 years of age) and the attached reference ranges pertain to adults only.

21-10154	VER: A/17 HIM: 02/17	Medical Record		Testing / Diagnostic / Screening Requisition
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