

## Request form Heparin

### Patiënt data *(preferably a label)*

Family name <sup>1</sup>:  
 First name <sup>1</sup>:  
 Middle name <sup>1</sup>:  
 Date of birth <sup>1</sup>:  
 Gender: M/F  
 Collection date:  
 Collection time.:

### Referring physician

Name <sup>1</sup>: Phone <sup>1</sup>:  
 Hospital <sup>1</sup>: Email <sup>1</sup>:  
 Department <sup>1</sup>: Address <sup>1</sup>:  
 Billing address <sup>1</sup>: Taxnr <sup>1</sup>:

<sup>1</sup> Missing information could delay the analysis

### Requested Investigation

Heparin

### Blood sample

Heparin plasma

### Plasma Collection Protocol

#### Blood draw:

- Follow procedures for routine plasma (heparin) blood draw
- If possible, organize blood draws at standardized time points during the day

#### Centrifugation:

- Centrifuge for 10 min at 2200 G

#### Storage:

- Pipette aliquots of 0.5 - 1.0 ml in 2 ml polypropylene tubes directly after centrifugation
- Label tubes with clear sample ID's
- Store samples at -80°C, avoid freeze-thaw cycles

#### Shipment:

- Sent Heparin sample together with Heparin Request Form to Radboudumc Laboratory for Diagnostics
- For external applicants: Shipment should take place preferably on a Monday or a Tuesday, to make sure that the samples do not arrive at our lab during the weekend

#### Summary:

- Blood sample: plasma (heparin)
- Aliquot: 0.5 - 1.0 ml
- Material tube: Polypropylene
- Volume tube: max. 2 ml (for efficient storage)
- Storage temperature: -80°C
- Shipment: Dry-ice by express mail

To be filled out by lab employee

Date received:

Reception time:

Signature employee

