

## Whole Blood Viscosity Test Requisition Form

Patient Information		
Patient Number	Patient Initials	Date and Time Collected
DOB	Height	Weight
		Sex: Male <input type="checkbox"/> Female <input type="checkbox"/>

Physician Ordering Test			
Physician Name	UPIN/ NPI#		
Facility Name	Street Address 1		
Street Address 2	City	State	Zip
Phone	Fax		

Test Menu	ICD9 Code(s)
<input type="checkbox"/> Viscosity, CPT 85810	

Blood specimen requisition for Whole Viscosity Test:

One (1) EDTA vacutainer tube (lavender top) approximately 4 mL each for blood viscosity testing. No special preparation needed prior to test. Viscosity testing to be performed using a calibrated glass capillary system classified as a Class I device under U.S. Food and Drug Administration (FDA) regulations at 21 CFR § 862.2920 and which, as a Class I device, is exempt from FDA premarket submission/application requirements. The measurement obtained using this device is used to monitor changes in the amount of solids present in blood plasma in various disorders.

Using the Attached Labels
<p>Please use the provided labels to identify the blood sample for evaluation.            One label should be used for each Vacutainer, and one label is for your records.</p> <div style="border: 1px solid black; width: 200px; height: 40px; margin-left: auto; margin-right: auto;"></div>

**For Lab Use Only**

Specimen Arrived:  Cold Packed  Other: \_\_\_\_\_ Received by: Initials \_\_\_\_\_