Vitalant Coagulation Laboratory, 875 Greentree Road, 5 Parkway Center, Pittsburgh, PA 15220
800-967-9672 Email: DL-SLT_COSS@vitalant.org

FACITLITY CONTACT

Facility Name: ______________________________ Contact Person Name: ______________________________

Mailing Address: ______________________________ Phone: ______________ Fax: ______________

City: ______________ State: ________ Zip: ______________ Email: ______________________________

TEST REQUESTS

Reason: 1 – Quality Control ☐ 2 – Validation ☐ 3 – Corrective Action/Investigation ☐ 4 – Other (Specify) ☐ ______________________________

Sample Type: Cryo Pool ☐ #units in pool ______ Individual Cryo ☐ **Recovered Plasma** ☐

Check all required: FVIII ☐ Fibrinogen ☐ Total Protein ☐

PRODUCT INFORMATION

Circle single or pool	Product 1 (single or pool)	Product 2 (single or pool)	Product 3 (single or pool)	Product 4 (single or pool)	Product 5 (single or pool)
DIN Please place barcode					
ABO/Rh					
Volume					
Exp. Date					
Prep. Date					

COAG LAB USE ONLY