

Partial Thromboplastin Time Test

Patient Name:

Date of Birth:

Medical Record Number:

Date of PTT Test:

Reason for the Test:

- Bleeding Disorder Evaluation
- Liver Disease Assessment
- Vitamin K Deficiency Check
- Monitoring Anticoagulant Therapy
- Other (Specify):

Blood Sample Collection:

- Venipuncture
- Fingertick
- Other (Specify):

Reagents Used (if available):

Clotting Time Measurement:

PTT Result: seconds

Reference Range: seconds

Interpretation (Normal or Elevated):

Clinical Assessment: