

# 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:**