Prothrombin Time (PT) Test Request Form

Patient Information

- Full Name: John A. Smith
- Date of Birth: 03/15/1975
- Sex: Male
- Medical Record Number (if applicable): 123456
- Contact Information: 123 Main Street, Anytown, USA

Ordering Physician

- Name: Dr. Emily Johnson
- Medical License Number: 789012
- Contact Information: Medical Clinic, 456 Oak Avenue, Anytown, USA

Clinical Indication

Mr. Smith is currently on warfarin therapy. A PT test is required to monitor the effectiveness of his anticoagulation treatment and ensure he remains within the target INR range.

Specimen Collection Details

- Date and Time of Collection: 10/25/2023, 9:30 AM
- Sample Type: Plasma

Anticoagulant Medication Status (if applicable)

Warfarin, 5 mg once daily.

Special Instructions

Handle the blood sample with care to prevent contamination or hemolysis.

Ensure prompt transportation to the laboratory for analysis.

Patient Consent

Informed consent for the PT test was obtained from the patient per established protocols.