Health Record #: _____   Complete or place barcoded patient label here

Patient Name: *(Print first, last)*_____

DOB: dd / mm / yy   Age: _____   ❑ Female ❑ Male

OHIP #:_____   Version Code: _____

Account #: _____   Date of Admission: dd / mm / yy

Interventional Radiology Requisition

❑ OUT-PATIENT   ❑ IN-PATIENT   ❑ ED PATIENT

Patient Name: *(print first, last)*	**Appointment Date:** dd / mm / yy
Address: Street Number + Name Apartment	**Appointment Time:**
City Province Postal Code	**Arrival Time:**
Health Card Number: **Version Code:**	**Hospital Record #:**
Other Insurance: **WSIB Number:**	**Date of Birth:** dd / mm / yy
Home: ( ) **Work/Other:** ( )	**Patient Weight:** _____ **kg**

Patient not available: From: dd / mm / yy   To: dd / mm / yy   **Reason:**

*PROCEDURE REQUEST:

*RELEVANT CLINICAL INFORMATION: *(must be provided and please be specific)*

* PERI-PROCEDURE ANTICOAGULATION/ANTIPLATELET DISCONTINUATION:

Referring physician is responsible for ensuring patient receives appropriate instructions on any necessary discontinuation of anticoagulation/ antiplatelet pre-procedurally as per Diagnostic Imaging Guidelines on Discontinuation of Anticoagulants/Antiplatelets Associated Document on page 2 of this form. If it is deemed inappropriate or unsafe to discontinue anticoagulation/antiplatelet therapy, please consult Interventional Radiology at 905-895-4521 ext. 2384

❑ Patient is on the following anticoagulant: _____ and will hold ___ day(s) prior to procedure

❑ Patient is on the following antiplatelet: _____ and will hold ___ day(s) prior to procedure

❑ NKA ❑ ALLERGIES:

*An incomplete requisition will cause a delay in service to your patient.

1. The patient may need to attend a pre-op clinic visit prior to their scheduled interventional procedure.

2. Please attach most recent blood work, which must include the following: CBC, PTT, INR, Creatinine / eGFR.

3. Please provide patient with blood work requisition. This blood work must be completed within thirty (30) days prior to their scheduled appointment date. Fax these results to the Diagnostic Imaging Department (905) 830-5966 prior to the procedure date.

4. Please attach all relevant imaging reports and/or outside imaging CDs. ❑ No reports to attach ❑ Reports attached

BY SIGNING THIS REQUISITION, I CONFIRM THAT THIS PATIENT IS AWARE OF THIS PROCEDURE AND HAS BEEN PROVIDED WITH ALL APPROPRIATE INSTRUCTIONS, INCLUDING MEDICATION INSTRUCTIONS, TO PREPARE FOR THE PROCEDURE

Referring Physician: *(print first, last)*		**Date:** dd / mm / yy
Signature:	**CPSO #**	**Office Phone:** ( )
Address:		**Fax Number:** ( )
CLINIC USE ONLY		**Date Received:** dd / mm / yy

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PATIENT PREPARATION:

1. All patients will have pre-procedural blood work done prior to procedure – obtain a requisition from your physician. Blood work must be completed within thirty (30) days prior to their scheduled appointment date.
2. Please review ALL of your medications with your physician or health care provider.
3. Blood thinning medications may need to be held prior to the procedure. Consult with your physician or health care provider.
4. Bring all your medications with you on the day of your pre-op visit and/or procedure.
5. Patients should not have anything to eat or drink for at least 4 hours prior to procedure unless otherwise instructed. *** Do not take diabetic medications. Take all other regular medications with sips of water. ***
6. All patients must have a responsible adult drive them home following the procedure unless otherwise instructed.

Incomplete preparation will usually require rescheduling of your procedure / treatment.

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PATIENT INFORMATION:

- **Bring your Ontario Health Card.**
- Upon arrival you are required to register for your appointment at the East Welcome Centre and then you will be given directions on where to proceed to next.
- If you are unable to keep your appointment, please call Patient Scheduling at 905-895-4521, ext. 2665.
- Depending on the type of procedure you are scheduled for, you may be required to be at the hospital for up to eight (8) hours. This time includes preparation time, procedure time, and recovery time.

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Diagnostic Imaging Guidelines on Anticoagulants/Antiplatelets Discontinuation

- This document serves only as a guideline and does not replace individual clinician judgement. A cardiology consultation may be required in patients who have undergone PCI within 6 months or angioplasty within 2 weeks, patients on warfarin who may require bridging (e.g. mechanical valve, CHADS2 above 4, atrial fibrillation in the setting of mitral stenosis, VfE within 3 months or history of hypercoagulable state.)

(Table 1) Assess the Risk of Bleeding Related to the Procedure

Low Risk (Thresholds: INR ≤2.0, platelets ≥20,000)	High Risk (Thresholds: INR ≤1.5, platelets ≥50,000)
Catheter exchanges	Ablations
Venography	Arterial Interventions
Dialysis access interventions	Biliary interventions
IVC filter placement	Thrombolysis
Lumbar puncture	Deep abscess drainage (lung, abdomen, pelvis)
Chest tube placement	Deep biopsy
Venous catheter placement and removal (PICCs, ports, dialysis)	Gastrostomy/gastrojejunostomy placement
Thoracentesis/Paracentesis	IVC filter removal
Joint and musculoskeletal injections	Solid organ biopsies
Superficial biopsy/drainage (soft tissue, lymph node, breast, thyroid)	TIPS
Transjugular liver biopsy	Urinary tract interventions
Tunneled drainage catheter placement	Venous interventions

(Table 2) Anticoagulants/Antiplatelets Discontinuation based on Bleeding Risk

	Low Risk Bleeding Procedure	High Risk Bleeding Procedure
Antiplatelets		
ASA (Aspirin®)	Do not withhold	Hold 3 – 5 days
Clopidogrel (Plavix®)	Do not withhold	Hold 5 days
Prasugrel (Effient®)	Do not withhold	Hold 7 days
Ticagrelor (Brilinta®)	Do not withhold	Hold 5 days
Oral Antioagulants		
Apixaban (Eliquis®)		
If CrCl 50 mL/min or above	Do not withhold	Hold 4 doses
If CrCl below 50 mL/min	Do not withhold	Hold 6 doses
Dabigatran (Pradaxa®)		
If CrCl 50 mL/min or above	Do not withhold	Hold 4 doses
If CrCl below 50 mL/min		Hold 6-8 doses
Edoxaban (Lixiana®)	Do not withhold	Hold 2 doses
Rivaroxaban (Xarelto®)		
If CrCl 30 mL/min or above	Do not withhold	Hold 2 doses
If CrCl below 30 mL/min		Hold 3 doses
Warfarin (Coumadin)	Hold 3 – 5 days	Hold 5 days
Injectable Anticoagulants		
LMWH	Do not withhold	Hold 1 dose if prophylactic, 2 doses if therapeutic
Fondaparinux (Arixtra®)		
If CrCl 50 mL/min or above	Do not withhold	Hold 2 – 3 days
If CrCl below 50 mL/min	Do not withhold	Hold 3 – 5 days
Heparin	Do not withhold	IV: Hold 4 hours, SC: wait 6 hours after last dose