



Warfarin Care Clinic Charter

Attach Lab no. here

office use only



Our Warfarin Care Clinic is committed to assisting with your Warfarin control.

At all times we will endeavour to:

- Provide you with education and information to assist in your Warfarin therapy
- Answer your questions regarding Warfarin therapy to the extent of our knowledge, and give you alternative contacts for questions that we cannot respond to
- Contact you regarding your dose in a timely and professional manner, working to respond as soon as possible after your test result is complete
- Contact you or your emergency contact person with priority should your results be considered abnormal
- Give you a courtesy reminder should you be overdue for your blood test.

In return we ask you to:

- Be patient with our staff as they endeavour to assist you and the large number of patients in our Warfarin Care Clinic
- Ensure the information you provide regarding your dose, medication and health status is correct and timely - this will assist us in controlling the stability of your Warfarin dosing
- Take the time to understand and follow the instructions given to you by our staff - these are designed to make the process as hassle free for you as possible
- Ensure that the out-of-pocket charges for each of your first five INR Blood tests are paid in a timely manner
- If you have not heard from us with your blood test results you should continue on your current dose. Under normal circumstances you should contact us within 48 hours if we have not contacted you, however, if you are new to our Warfarin monitoring program, have recently commenced Warfarin, have recently been in hospital, or have had recent medication changes, then you should contact us within 24 hours of having your blood test.

QML Pathology Warfarin Care Clinic

I _____ (full name) hereby consent to my enrolment into the QML Pathology Warfarin Care Clinic. By enrolling in the service, I understand that I am required to pay the out-of-pocket charges that are associated with this service, and I have read and understood the above Warfarin Care Clinic Charter.

Patient/Guardian Signature: _____ Date of Birth: _____ Date: _____

If signed by the patient's guardian, please provide details of the guardian's relationship to the patient:

QML Pathology Collectors please place a lab number on the top of this form and send this signed form as an attachment with the INR request form.