

Platelet Esoteric Testing Patient Information

Note: This is only for use with PTEM / Platelet Transmission Electron Microscopic Study, Whole Blood and PLAFL / Platelet Surface Glycoprotein by Flow Cytometry, Blood, and platelet disorder NGS testing.

Instructions: To help provide the best possible service, supply the information requested below and send paperwork with the specimen.

Referring Provider Name (Last, First) Referring Provider Name (Last, First) Referring Provider Email *Fax number provided must be from a fax machine that complies with applicable HIPAA regulate *Clinical Information (patient and family) Brief description of patient's bleeding history and clinical suspicion: Available International Society on Thrombosis and Haemostasis (ISTH) bleeding score: Medications: Does the patient have any family history of bleeding?	Detient Name 6 and a second			
Male Female Unknown Choose not to disclose Male Female Nonbinary	Patient Name (Last, First, Middle)		Birth Date (mm-dd-yyyy)	
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