



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

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

**Patient Information** (required)

|  |                                     |   |
|--|-------------------------------------|---|
| Patient Name <i>(Last, First, Middle)</i>    | Birth Date <i>(mm-dd-yyyy)</i>      | Sex<br><input type="checkbox"/> Male <input type="checkbox"/> Female                      |
| Patient ID (Medical Record Number)           | Collection Date <i>(mm-dd-yyyy)</i> | Collection Time <i>(hh:mm)</i> <input type="checkbox"/> am<br><input type="checkbox"/> pm |
| Referring Provider Name <i>(Last, First)</i> | Phone                               | Fax*  |

\*Fax number provided must be from a fax machine that complies with applicable HIPAA regulations.

**Client History** (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?  Yes  No  Information unavailable

Any other clinical history or condition (such as albinism, nystagmus, pulmonary fibrosis, splenomegaly):

**Patient's Available Laboratory Results**

Platelet count: \_\_\_\_\_ x10<sup>9</sup>/L  
 MPV: \_\_\_\_\_ fL  
 von Willebrand factor (vWF) antigen: \_\_\_\_\_ IU/dL  
 von Willebrand factor (vWF) activity: \_\_\_\_\_ IU/dL or %  
 Platelet Function Analyzer (PFA-100): Epinephrine cartridge closure time: \_\_\_\_\_ seconds  
 Adenosine Diphosphate (ADP) cartridge closure time: \_\_\_\_\_ seconds

**Platelet Aggregation Studies:**

|                             |                                 |                                    |                        |                                 |                                    |
|-----------------------------|---------------------------------|------------------------------------|------------------------|---------------------------------|------------------------------------|
| Arachidonic acid            | <input type="checkbox"/> Normal | <input type="checkbox"/> Decreased | Collagen               | <input type="checkbox"/> Normal | <input type="checkbox"/> Decreased |
| Epinephrine                 | <input type="checkbox"/> Normal | <input type="checkbox"/> Decreased | Ristocetin (0.5 mg/mL) | <input type="checkbox"/> Normal | <input type="checkbox"/> Decreased |
| Adenosine Diphosphate (ADP) | <input type="checkbox"/> Normal | <input type="checkbox"/> Decreased | Ristocetin (>1 mg/mL)  | <input type="checkbox"/> Normal | <input type="checkbox"/> Decreased |
| Other agonist: _____        |                                 |                                    | ATP release            | <input type="checkbox"/> Normal | <input type="checkbox"/> Decreased |

**Other Relevant Information:**

**Ship specimens to:**

Mayo Clinic Laboratories  
3050 Superior Drive NW  
Rochester, MN 55901

**Customer Service: 855-516-8404**

**Billing Information**

- An itemized invoice will be sent each month.
- Payment terms are net 30 days.

Call the Business Office with billing related questions:  
800-447-6424 (US and Canada)  
507-266-5490 (outside the US)

Visit [www.MayoClinicLabs.com](http://www.MayoClinicLabs.com) for the most up-to-date test and shipping information.