Hemostasis & Thrombosis Laboratory
Cancer & Blood Diseases Institute
Phone: 513.803.3503
Fax: 513.636.8082

Platelet Aggregation Scheduling Form

Date of Request: _____

Patient Name: _____

Date of Birth: _____

Diagnosis or testing rationale: _____

_____

Current Medications: _____

_____

Patient Phone Number: _____

If you are scheduling from a Doctor's office:

Requesting MD: _____

Physician/Practice Group Name: _____

Contact Person: _____

Contact Telephone/Ext #:_____

Contact Fax #: _____

If you are scheduling from a non-CCHMC lab:

Name of Requesting Lab: _____

Contact Person: _____

Contact #: _____

Please call 513-636-6789 to schedule a testing date.

Fax the completed form to 513-636-8082.