

PLATELET TEST REQUISITION FORM

All Information Must Be Completed Before Sample Can Be Processed

PATIENT & SAMPLE INFORMATION

Patient Name (Last, First) _____, _____ Patient Identification Number: _____

Date of Birth: ____/____/____ Gender: Male Female Diagnosis or reason for testing: _____

Date of Sample: ____/____/____ Time of Sample: _____ Diagnosis Code: _____

Medications (**Critical**): _____

Has the patient had: Aspirin NSAIDs (including Ibuprofen, Advil, cold medicine) Other (specify): _____

In the past: Week 2 weeks Month Other (specify): _____ Not applicable

TEST(S) REQUESTED – INDIVIDUAL ASSAYS

Aspirin Resistance**

P2Y12 Test (Plavix Monitor)**

**Special collection tube required

Platelet Aggregation, Plasma

The following tests will be ordered:

- Platelet Aggregation, Plasma
- CBC with Differential

SCHEDULE

Ristocetin Only (RIPA)

The following tests will be ordered:

- Platelet Aggregation, Plasma (enter "Ristocetin Only" in order comments)
- CBC with Differential

SCHEDULE

Platelet Glycoproteins

SCHEDULE

Platelet Quinacrine Uptake and Release

SCHEDULE

Please Note:

- Platelet Aggregation, Quinacrine and Glycoprotein Testing **MUST BE SCHEDULED.**
- Platelet Aggregation Testing: Patient should not take any aspirin or aspirin containing products two weeks before being drawn for a platelet aggregation. Do not take ibuprofen or naproxen one week before the test. Acetaminophen (Tylenol®) will not affect platelets and may be used for pain or fever. Fasting is recommended for 8 hours prior to collection.
- Transport all specimens unspun at room temperature (20–25°C) and deliver to lab immediately. DO NOT use pneumatic tube system.
- Aspirin and P2Y12 testing is available Monday – Friday 8 am – 4:30 pm (no holidays) at the CCHMC Main Campus Test Referral Center (TRC) and must be collected in 2–2ml Greiner Bio-One Vacuettes (obtained from the Special Hemostasis Lab). Draw 2mL discard into a no-additive tube before filling the Greiner tube to the black arrow. Testing must be completed within 4 hours of draw
- Aspirin Resistance samples should be collected between 2 and 30 hours after ingestion of aspirin.

REFERRING PHYSICIAN

Physician Name (print): _____

Phone: (____) _____ Fax: (____) _____

Email: _____

Date: ____/____/____

Referring Physician Signature

BILLING & REPORTING INFORMATION

Institution Responsible for Payment:

Address: _____

City/State/ZIP: _____

Phone: (____) _____ Fax: (____) _____

ADDITIONAL PERSONS NEEDING REPORTS (INCLUDE PHONE AND FAX NUMBERS):

