

## PLATELET TEST REQUISITION FORM

### Patient & Sample Information

ALL INFORMATION MUST BE COMPLETED BEFORE SAMPLE CAN BE PROCESSED

Patient Name (Last, First) \_\_\_\_\_, \_\_\_\_\_ Patient Identification Number: \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Gender: Male Female Diagnosis/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	
<b>Platelet Aggregation, Plasma</b> The following tests will be ordered: • Platelet Aggregation, Plasma • CBC with Differential	<b>SCHEDULE</b>
<b>Ristocetin Only (RIPA)</b> The following tests will be ordered: • Platelet Aggregation, Plasma (enter "Ristocetin Only" in order comments) • CBC with Differential	<b>SCHEDULE</b>
<b>Platelet Glycoproteins</b>	<b>SCHEDULE</b>
<b>Platelet Quinacrine Uptake and Release</b>	<b>SCHEDULE</b>

#### TEST(S) REQUESTED – LABORATORY PANEL

<p><b>Platelet Aggregation Panel (order each test below individually)</b> <i>This must be scheduled prior to specimen collection.</i></p> <ul style="list-style-type: none"> <li>• Platelet Aggregation, Plasma (includes ATP/ADP platelet quantitation)</li> <li>• Platelet Glycoproteins (GMP 140, GpIIb, Gplb)</li> <li>• CBC with Diff</li> <li>• Platelet Quinacrine Uptake and Release</li> </ul>
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#### 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):

\_\_\_\_\_  
\_\_\_\_\_

**FOR LABORATORY USE ONLY**

Received by: \_\_\_\_\_