



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.

Patient Information (required)

Form with fields for Patient Name, Birth Date, Sex Assigned at Birth, Legal/Administrative Sex, Patient ID, Collection Date, and Collection Time.

Referring Provider Information

Form with fields for Referring Provider Name, Phone, Fax, and Referring Provider Email.

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

Reason for Testing

Empty box for Reason for Testing.

Clinical Information (patient and family)

Form with text fields for patient history, ISTH bleeding score, medications, and family history.

Patient's Available Laboratory Results

Form with fields for Platelet count, MPV, von Willebrand factor, Platelet Function Analyzer results, Platelet Aggregation Studies, and Other results.

Visit www.MayoClinicLabs.com for the most up-to-date test and shipping information.