



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: Patient Name (Last, First, Middle), Birth Date (mm-dd-yyyy), Sex Assigned at Birth (Male, Female, Unknown, Choose not to disclose), Legal/Administrative Sex (Male, Female, Nonbinary), Patient ID (Medical Record Number), Collection Date (mm-dd-yyyy), Collection Time (hh:mm) (am/pm).

Referring Provider Information

Form with fields: Referring Provider Name (Last, First), Phone, Fax*, Referring Provider Email.

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

Reason for Testing

Empty text box for Reason for Testing.

Clinical Information (patient and family)

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

Patient's Available Laboratory Results

Form with text: Platelet count: MPV: von Willebrand factor (vWF) antigen: von Willebrand factor (vWF) activity: Platelet Function Analyzer (PFA-100): Epinephrine cartridge closure time: Adenosine Diphosphate (ADP) cartridge closure time: Platelet Aggregation Studies: Arachidonic acid, Epinephrine, Adenosine Diphosphate (ADP), Other agonist: Collagen, Ristocetin (0.5 mg/mL), Ristocetin (> 1 mg/mL), ATP release. Other results including previous PTEM, platelet flow cytometry, or genetic testing:

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