

**Reporting Title:** Platelet TEM, B  
**Performing Location:** Rochester

**Shipping Instructions:**  
Send specimen Monday through Wednesday.

Specimens must be received in testing laboratory within 72 hours of collection. Ship specimen overnight in an Ambient Shipping Box-Critical Specimens Only (T668) following the instructions in the mailer.

**Necessary Information:**  
[Platelet Esoteric Testing Patient Information](#) is required. Testing may proceed without the patient information, however, the information aids in providing a more thorough interpretation. Ordering providers are strongly encouraged to fill out the form and send with the specimen.

**Specimen Requirements:**  
**Patient Preparation:** Fasting is preferred but not required.  
**Supplies:** Ambient Shipping Box-Critical Specimens Only (T668)  
**Collection Container/Tube:**  
**Preferred:** Yellow top (ACD, solution B)  
**Acceptable:** Yellow top (ACD, solution A)  
**Specimen Volume:** 6 mL  
**Collection Instructions:** Send whole blood specimen in original tube. **Do not aliquot.**

**Forms:**  
1. [Platelet Esoteric Testing Patient Information](#) is required.  
2. If not ordering electronically, complete, print, and send a [Coagulation Test Request](#) (T753) with the specimen.

Specimen Type	Temperature	Time	Special Container
Whole Blood ACD	Ambient	72 hours	

**Result Codes:**

Result ID	Reporting Name	Type	Unit	LOINC®
CK109	Platelet TEM	Alphanumeric		79768-8
CK110	Interpretation	Alphanumeric		59466-3

LOINC® and CPT codes are provided by the performing laboratory.

**Supplemental Report:**  
No

**CPT Code Information:**  
85390

88348

Reference Values:

Mean dense granules/platelet: > or =1.2