MAYO CLINIC
Mayo Medical Laboratories

Platelet Esoteric Testing Patient Information

Instructions: To help provide the best possible service, please supply the information requested below and send paperwork with the specimen.

Patient Information (required)

Patient ID *(Medical Record Number)*	Patient Name *(Last, First, Middle)*		
Gender ☐ Male ☐ Female	Birth Date *(Month DD, YYYY)*	Collection Date *(Month DD, YYYY)*	Time ☐ a.m. __________ ☐ p.m

Submitting Physician/Physician Name Information (required)

Submitting/Referring Physician *(Last, First)*	**Fill in only if Call Back is required.** ☐ Phone ( ) ____________ – _______________ ☐ Fax* ( ) ____________ – _______________

**Fax number given must be from a fax machine that complies with applicable HIPAA regulation.*

Client History (Patient and Family)

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? ☐ Yes ☐ No ☐ Information Unavailable

Any other clinical history or condition (such as albinism, nystagmus, pulmonary fibrosis, splenomegaly etc.)

____

Patient's Available Laboratory Results

Platelet Count: ____ $x10^9$/L

MPV: ____ fL

von Willebrand factor (vWF) Antigen: ____ IU/dL

von Willebrand factor (vWF) Activity: ____ IU/dL or %

Platelet Function Analyzer (PFA-100): Epinephrine Cartridge Closure Time: ____ seconds

Adenosine Diphosphate (ADP) Cartridge Closure Time: _________ seconds

Platelet Aggregation Studies:

Arachidonic Acid	☐ Normal	☐ Decreased	Collagen	☐ Normal	☐ Decreased
Epinephrine	☐ Normal	☐ Decreased	Ristocetin (0.5 mg/mL)	☐ Normal	☐ Decreased
Adenosine Diphosphate (ADP)	☐ Normal	☐ Decreased	Ristocetin (>1 mg/mL)	☐ Normal	☐ Decreased
Other Agonist: ______________________			ATP Release	☐ Normal	☐ Decreased

Other Relevant Information:

____

Ship specimens to:
Mayo Medical Laboratories
3050 Superior Drive NW
Rochester, MN 55901

Customer Service: 855-516-8404

Billing Information
- An itemized invoice will be sent each month.
- Payment terms are net 30 days.

Call the Business Office with billing related questions:
800-447-6424 (US and Canada)
507-266-5490 (outside the US)

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

©2015 Mayo Foundation for Medical Education and Research