

**PLATELET ANTIBODY LAB REQUEST FORM**

\*Patient's Name/ID \_\_\_\_\_ Birth Date \_\_\_\_\_  
 \*Date Collected \_\_\_\_\_ \*Date Submitted \_\_\_\_\_ Sex \_\_\_\_\_  
 \*Hospital/Facility \_\_\_\_\_  
 \*Physician Requesting Test(s) \_\_\_\_\_  
 Information on test methods, performance specifications and interpretation are available on request.  
 \*CLIA Required Information, CFR 493.1241

DIAGNOSIS: \_\_\_\_\_ ABO/Rh TYPE: \_\_\_\_\_

TRANSFUSION HISTORY: Number of transfusions received: Platelets \_\_\_\_\_ Red Cells \_\_\_\_\_  
 Date of most recent transfusion: Platelets \_\_\_\_\_ Red Cells \_\_\_\_\_

PREGNANCY: Is patient now pregnant? \_\_\_\_\_ Gravida \_\_\_\_\_ Para \_\_\_\_\_

DRUG HISTORY: List or attach all medications patient is or has recently received: \_\_\_\_\_

- 980 **Platelet Antibody Screen**  
Requires 2 mL ACD plasma
- 981 **Platelet-Bound IgG**  
**Current Platelet Count \_\_\_\_\_ (Required)**  
Requires 7-10 mL ACD whole blood < 48 hours old, unrefrigerated.  
If platelet count is < 50,000, call for instructions. Test requires minimum platelet count of 10,000.
- 9801 **Investigate Autoimmune Thrombocytopenia**  
**Current Platelet count \_\_\_\_\_ (Required)**  
Both above tests performed.
- 984 **Platelet Crossmatch**  
Number of units requested: \_\_\_\_\_ Frequency: \_\_\_\_\_  
Special requirements: CMV Neg \_\_\_\_\_ Other: \_\_\_\_\_
- 983 **Investigate Neonatal Immune Thrombocytopenia**  
Requires 14-20 mL **Maternal** ACD whole blood, < 48 hours, unrefrigerated.  
Requires 7-10 mL **Paternal** ACD whole blood, < 48 hours, unrefrigerated.  
**Samples from the infant are not required.**
- 979 **Investigate Heparin-Induced Thrombocytopenia**  
Requires 2 mL ACD plasma < 48 hours old.  
Platelet Antibody Screen required in conjunction with Heparin testing.
- 990 **Investigate Posttransfusion Purpura**  
Requires 7-10 mL ACD whole blood < 48 hours, unrefrigerated.  
If platelet count is < 50,000, call for instructions.
- 982 **Investigate Drug-Induced Thrombocytopenia**  
Suspected drug \_\_\_\_\_ Therapeutic Plasma Level \_\_\_\_\_ mg/mL  
Requires 14-20 mL ACD whole blood, < 48 hours old, unrefrigerated. Call lab before submitting.
- Other** \_\_\_\_\_

Date: \_\_\_\_\_ Personnel authorized to request tests/receive results: \_\_\_\_\_  
 FAX: \_\_\_\_\_ Telephone: \_\_\_\_\_

Date Sample Tested		For CBC Use Only		
Capture P:	Neg _____ Pos _____	CROSSMATCHES		
		Date Tested	Number Tested	Number Compatible
		_____	_____	_____
Ready P:	Neg _____ Pos _____	_____	_____	_____
		_____	_____	_____
PBIgG:	Neg _____ Pos _____	_____	_____	_____
PAK _____:	Neg _____ Pos _____	TOTAL	_____	_____
		Comments:	_____	
HAT: Initial Assay	Neg _____ Pos _____	_____		
Neutralization:	_____			

Results Review by: \_\_\_\_\_ Date: \_\_\_\_\_  
 Results Telephoned to Hospital To: \_\_\_\_\_ Date: \_\_\_\_\_ By: \_\_\_\_\_

**SEND TO:**

**COMMUNITY BLOOD CENTER  
PLATELET ANTIBODY LAB  
4040 MAIN, KANSAS CITY, MO 64111**

From: \_\_\_\_\_

**Ship:**    STAT    ASAP    Routine

**Test:**    STAT    ASAP    Routine