McMaster Platelet Immunology Laboratory

(905) 525-9140 ext. 22414 FAX (905) 529-6359 Website: https://transfusionresearch.healthsci.mcmaster.ca/platelet-immunology-lab/tests/

Mailing Address:

Platelet Immunology Laboratory

McMaster University-Department of Medicine 1280 Main Street W, HSC-3H42

Hamilton, ON L8S 4K1

Shipping Address:
Platelet Immunology Laboratory

McMaster University-Department of Medicine

1200 Main Street W, HSC-3H42

Hamilton, ON L8N 3Z5

Patient Requisition

Please complete ALL fields and send with specimens for testing.

FIRST:				
for billing:	_ Gender:			
Collection Date:				
Physician for Report:				
Complete Billing Address	(for Invoice):			
Fax # for Report:				
	for billing: Collection Date: Physician for Report: Complete Billing Address Fax # for Report:			

******CIRCLE TEST ORDERED AND TYPE of SAMPLE DRAWN*****

CINCLE IEST ONDERED AND IT			• . •	== =		
		FROZEN PLASMA Na Citrate	FROZEN SERUM	SERUM	WHOLE BLOOD Room temp No centrifugation	AMNIOTIC FLUID
HIT Heparin Induced Thrombocytopenia ☐ PF4/Heparin EIA ☐ SRA only and SRA		2 ml [and 2 ml			
TTP Thrombotic Thrombocytopen ADAMTS13	ic Purpura	2 ml [and 4 ml			
Neonatal Alloimmune fa Thrombocytopenia B	mother AND father			10 ml a	nd 30 ml of either ACD OR Na Citrate	
	Baby/cord blood				2 ml EDTA	***Contact lab***
PTP Post transfusion Purpu Alloantigen and antiboo				10 ml a	nd 30 ml of either ACD OR Na Citrate	
ITP (Auto-Immune Thromb Glycoprotein-specific antibody test	oocytopenia)				30 ml of either ACD OR Na Citrate	
DRUG dependent anti-pla Indicate drug:			10 ml			
GP (Surface Glycoprotein Analysis of GP IbIX and IIbIIIa)						
*** IMPORTANT: Contact Lab prior 4mL of ACD/Na Citrate from a Normal with the patient and both samples should		nal control must also be collected		4ml of either ACD OR Na Citrate		