

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

Hours of operation:

Monday - Friday 9am-5pm
**Frozen samples are accepted at any time,
including after-hours**

Patient Requisition

Please complete ALL fields and send with specimens for testing.

Patient Name: LAST: _____ FIRST: _____

Patient Id Number: for reporting: _____ for billing: _____ Gender: _____

Patient Date of Birth: _____ Collection Date: _____

Hospital: _____ Physician for Report: _____

Complete Mailing Address (for Report):

Complete Billing Address (for Invoice):

Contact Number: _____ Fax # for Report: _____

Patient History: _____

		FROZEN PLASMA Na Citrate	FROZEN SERUM	SERUM Send whole blood room temp ASAP	WHOLE BLOOD Room temp No centrifugation Send ASAP	AMNIOTIC FLUID
HIT Heparin Induced Thrombocytopenia <input type="checkbox"/> PF4/Heparin EIA <input type="checkbox"/> SRA only and SRA		2 ml	and 2 ml			
TTP Thrombotic Thrombocytopenic Purpura ADAMTS13		2 ml	and 4 ml			
NAIT Neonatal Alloimmune Thrombocytopenia	mother AND father	Ship NAIT samples ASAP to ensure samples are received within 2 days of collection.		10 ml	and 30 ml of either ACD OR Na Citrate	
	Baby/cord blood			2 ml EDTA	**Call lab**	
PTP Post transfusion Purpura Alloantigen and antibody testing				10 ml	and 30 ml of either ACD OR Na Citrate	
ITP (Auto-Immune Thrombocytopenia) Glycoprotein-specific antibody test					30 ml of either ACD OR Na Citrate	
DRUG dependent anti-platelet antibody. Indicate drug: _____			10 ml			
GP (Surface Glycoprotein Analysis of GP IbIX and IIbIIIa) *** IMPORTANT: Contact Lab prior to collection *** 4mL of ACD/Na Citrate from a <u>Normal control</u> must also be collected with the patient and both samples should be shipped together.					4ml of either ACD OR Na Citrate	

Important: Please review McMaster Platelet Immunology requirements for testing
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