McMaster Platelet Immunology Laboratory

(905) 525-9140 ext. 22414 FAX (905) 529-6359
http://fhs.mcmaster.ca/plateletimmunology/

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.

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**):

CML HealthCare (Owned by LifeLabs)
Attn: Accounts Payable
60 Courtneypark Dr. W., Unit 1
Mississauga, ON L5W 0B3

Contact Number: _____ Fax # for Report: _____

Patient History: _____

********CIRCLE TEST ORDERED AND SAMPLE TAKEN********

Platelet Disorder		FROZEN PLASMA Na Citrate	FROZEN SERUM	SERUM	WHOLE BLOOD **Room temp/No centrifugation**	AMNIOTIC FLUID
HIT (Heparin Induced Thrombocytopenia)			**4ml**			
TTP (Thrombotic Thrombocytopenic Purpura)		**2 ml**	**4ml**			
DRUG dependent anti-platelet antibody. Indicate drug:_____			**10ml**			
NAT (Neonatal Alloimmune Thrombocytopenia)	mother AND father			**10 ml**	**30 ml** of either Na Citrate **OR** EDTA **OR** ACD	
	Baby/cord blood				**2 ml** EDTA	**Contact lab**
PTP (Post transfusion Purpura) Alloantigen/antibody testing				**10 ml**	**30 ml** of either Na Citrate **OR** EDTA **OR** ACD	
ITP (Auto-Immune Thrombocytopenia) Glycoprotein-specific antibody					**30 ml** of either Na Citrate **OR** ACD	
GP (Surface Glycoprotein Analysis-GP IbIX and IIbIIIa)					**4ml** of either Na Citrate **OR** ACD	

Important: Please review McMaster Platelet Immunology requirements for testing
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