



CLINICAL LABORATORY SERVICES

HEMOSTASIS LABORATORY

Platelet Aggregation Studies: History Form

History form must accompany sample to avoid delay in interpretation.

NAME: _____ **AGE:** _____ **SEX:** M F

DIAGNOSIS: _____

CLINICAL PRESENTATION: Arterial thrombosis Easy bruising Petechiae/Purpura
 Epistaxis/Gum bleeding DVT/PE Intracranial hemorrhage Other _____

HISTORY: _____

Recent platelet transfusion No Yes _____ **Previous Aggregation Study** _____

CURRENT / RECENT MEDICATIONS	Dose	Date (last dose)
Aspirin and aspirin-containing medications: Alka-Seltzer, Anacin, Excedrin, Midol, Aggrenox, Norgesic, etc.		
Plavix(Clopidogrel) Ticlopidine (Ticlid) Prasugrel (Effient)		
Cilostazol (Pletal) Dipyridamole (Persantine, Aggrenox)		
Antidepressants: SSRI (Celexa, Lexapro, Fluoxetine, Paroxetine, Sertraline, etc.) Tertiary Tricyclics (Clomipramine, Amitriptylline, Doxepine, etc.)		
Calcium-channel blockers (Verapamil, Diltiazem)		
NSAIDs: Ibuprofen, Naproxen, Ketoprofen, Flurbiprofen, Fenoprofen, Oxaprozin, Indomethacin, Sulindac, Etodolac, Diclofenac, Keterolac, Mefenamic Acid, Piroxicam, Meloxicam, Ozaprozin, Tiaprofenic acid		
Fish Oil, Vitamin E (high doses), Vitamin C (high doses) Herbs (ginkgo biloba, ginseng, St. John's wort, garlic, ginger) Chinese black tree fungus		

REQUIREMENTS: 4 light blue top tubes (3.2% sodium citrate) AND 1 purple top tube (EDTA), total 14 mL sodium citrate whole blood and 4.5 mL EDTA whole blood. Specimen must arrive in the laboratory within 1 hour after collection. Maintain specimen at room temperature.
Rejection Criteria: centrifuged, clotted, or frozen blood.

Note: The test must be scheduled with the laboratory in advance.

PLEASE RETURN THIS FORM TO THE HEMOSTASIS LABORATORY

FAX # 214-645-5065