





# **Platelet Investigation Request**

### Instructions for filling in this form. The form can be filled in using your PC:

- 1. Complete appropriate sections on Page 1.
- 2. Select the required tests from the options on Page 2 and provide required additional information as indicated.
- 3. Collect the appropriate sample tubes as specified on Page 3.
- 4. Send samples with a completed copy of Pages 1 and 2.
- 5. For Fetal/Neonatal Alloimmune Thrombocytopenia (FNAIT), please refer to <a href="https://transfusion.com.au/resource\_centre/forms">https://transfusion.com.au/resource\_centre/forms</a> and complete FNAIT Investigation Request Form
- 6. For Platelet Transfusion Refractoriness (PTR) or Transfusion support inherited platelet function disorder, please refer to <a href="https://transfusion.com.au/resource\_centre/forms">https://transfusion.com.au/resource\_centre/forms</a> and complete Request for HLP/HPA Compatible Platelets Clinical Information Form

Testing Laboratory											
Please send samples t	co										
Contact details											
Phone						Email					
Patient details											
Last Name			F	First Name							
Gender			MR	RN/UR					DOB		
Referring Clinician det	ails										
Name				Date requested							
Signature			F	Phone							
Address			E	Email							
Tick if a hard copy report is required											
Referring Laboratory r	name										
Phone					E	Email					
Name of person completing the form (if different from above)											
Name											
Phone					Е	Email					
Sample collection											
Collector's name				Date & time of collection							
Patient's signature					Е	Date					
Specimen type (s) include EDTA ACD			Serum (clot) Buccal swab Other								
Please attach sample label/barcode											

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**Web** transfusion.com.au Effective date: 11/06/2020

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Patient details						
Last Name			First Name			
Gender		MRN/UR		DOB		
Clinical details						

## Platelet Immunology – Indication for testing and additional information as required

Autoantibodies for Immune Thrombocytopenia (Only performed if the platelet count is <100 X 109 /L)						
Platelet count		x 10 <sup>9</sup> /L	Date of test			
IVIg received	Yes	No	Date of last IVIg dose			
Platelet transfusion	Yes	No	Date of last transfusion			

### Platelet Transfusion Refractoriness (PTR) or

### Transfusion support for inherited platelet function disorder

Please refer to - https://transfusion.com.au/resource\_centre/forms and complete Request for HLA/HPA Compatible Platelets - Clinical Information Form

Post Transfusion Purpura (PTP)								
Date of transfusion	Product/s transfused		PLT	Red Cells	FFP			
Pre-transfusion platelet count	x 10 <sup>9</sup> /L	Date of test						
Post-transfusion platelet count	x 10 <sup>9</sup> /L	Date of test						

#### **Platelet Glycoprotein Expression**

### **Drug Induced Immune Thrombocytopenia (DITP)**

(Note: Please discuss with the respective Lifeblood Platelet/Neutrophil Reference Laboratory prior to request. Testing for Heparin Induced Thrombocytopenia (HIT) is not performed at Lifeblood).

Name/s of medication/s implicated (Samples of medication MUST be sent with specimen)

Date medication was started		Date of onset of thrombocytopenia	
Pre-medication platelet count	x 10 <sup>9</sup> /L	Date of test	
Post-medication platelet count	x 10 <sup>9</sup> /L	Date of test	







# **Platelet Immunology Sample Collection Guidelines**

Investigation request and samples		Special instructions and indicative turnaround time	Storage and transport instructions		
Autoantibodies for Immune thrombocytopenia		Testing will only be performed if the platelet count is <100 X 109/L.	Store and transport at room temperature within 48 hours of collection.		
	18 mL EDTA or ACD <b>and</b> 6 mL serum (Clot)	If difficult, collection from a child 2-4mL serum (clot) only.  Note: Laboratory turnaround time is 5 working days.	If specimens cannot reach the laboratory within 48 hours of collection then:  1. Centrifuge EDTA (not for children) tubes for 10mins at 200g (not rpm).  2. Transfer platelet-rich plasma to a plain tube with an equal volume of saline or PBS.  3. Store at 4°C until ready for		
			transport.		
Post Trans	fusion Purpura (PTP)	None			
8 mL EDTA or ACD and 12 mL serum (clot)  Platelet transfusion refractoriness (PTR)		Note: Laboratory turnaround time is 1 working day.	Store and transport at either room temperature or 4°C.		
		EDTA from pre-transfusion collection is acceptable			
	8 mL EDTA or ACD <b>and</b> 12 mL serum (clot)	Laboratory turnaround time: 1-3 working days			
Platelet glycoprotein expression		Collect between 9 am and 3 pm, Monday – Thursday only.	Do not centrifuge EDTA tubes.		
Adult 8 mL EDTA <b>and</b> 12ml serum (clot)		Notify Platelet and Neutrophil laboratory when collected.	Store and transport at room temperature within 24 hours of		
Child	2-3 mL EDTA only	Note: Laboratory turnaround time is 1 working day	collection.		
Drug Induced Immune Thrombocytopenia (DITP)  8 mL EDTA, 12 mL serum (clot) and a sample of the medication*		* Medications must be sent in the same form as given to patient e.g. tablets, liquid for IV infusion.  Provide the dose administered and patient's weight.  Note: Laboratory turnaround time is 5 working days.	Store and transport at either room temperature or 4°C.		