

Platelet Immunology Laboratory

921 Terry Ave. | Seattle, WA 98104

Phone 206-689-6543 | Fax 206-689-8378

Laboratory staffed 8:00am-4:30pm Monday-Friday

Routine Tests		Drawing Instructions										
3630-00	<input type="checkbox"/> Platelet Alloantibody Workup-Basic (Refractory to Platelet Transfusions)	10cc ACD (yellow top) and 10cc clot (red top)										
3635-00	<input type="checkbox"/> Platelet Alloantibody Workup - Advanced											
3084-00	<input type="checkbox"/> HLA Class I (A,B,C) Typing											
3640-00	<input type="checkbox"/> Platelet Autoantibody Test (ITP Workup)	<p>Patient must be transfusion independent for 5 days. 5cc citrate (blue top) and EDTA tubes (lavender top) *Refer to chart below Samples must be less than 48 hours old.</p> <table border="1"> <thead> <tr> <th>Platelet Count of Patient</th> <th>Volume of EDTA-anticoagulated Blood</th> </tr> </thead> <tbody> <tr> <td>Greater or equal to 50,000</td> <td>20cc EDTA</td> </tr> <tr> <td>20,000 to 49,999</td> <td>30cc EDTA</td> </tr> <tr> <td>10,000 to 20,000</td> <td>40cc EDTA</td> </tr> <tr> <td>Less than 10,000</td> <td>DO NOT DRAW *Contact Lab</td> </tr> </tbody> </table>	Platelet Count of Patient	Volume of EDTA-anticoagulated Blood	Greater or equal to 50,000	20cc EDTA	20,000 to 49,999	30cc EDTA	10,000 to 20,000	40cc EDTA	Less than 10,000	DO NOT DRAW *Contact Lab
Platelet Count of Patient	Volume of EDTA-anticoagulated Blood											
Greater or equal to 50,000	20cc EDTA											
20,000 to 49,999	30cc EDTA											
10,000 to 20,000	40cc EDTA											
Less than 10,000	DO NOT DRAW *Contact Lab											
3260-01	<input type="checkbox"/> ADAMTS 13 Activity	5cc citrate (blue top)										
3260-02	<input type="checkbox"/> ADAMTS 13 Inhibitor (test performed if activity level < 30%)	<p>Spin within 4 hours of being drawn, freeze the plasma at -20°C and then ship frozen specimen on dry ice.</p> <p>*For Inhibitor and Antibody tests, an evaluation is performed which includes an immunologic assay (ELISA) and a functional assay.</p>										
3260-03	<input type="checkbox"/> ADAMTS 13 Antibody (test performed if activity level < 30%)											
3655-10	<input type="checkbox"/> Heparin/PF4 IgG ELISA	5cc citrate (blue top) unspun or frozen citrate plasma										
3655-20	<input type="checkbox"/> Heparin/PF4 IgG ELISA Confirmation	<p>If sending over the weekend. Spin and freeze plasma at -20°C and send frozen on dry ice</p>										
3655-00	<input type="checkbox"/> Heparin Antibody Test-Platelet Factor 4 ELISA (IgG,IgA,and IgM)											
3650-00	<input type="checkbox"/> Platelet Drug Antibody Test Drug _____	Contact lab for sample and drug requirements										
3660-00	<input type="checkbox"/> Post-Transfusion Purpura Workup	10cc EDTA (lavender top), 10cc citrate (blue top), 10cc clot (red top)										
3670-00	<input type="checkbox"/> Neonatal Alloimmune Thrombocytopenia Evaluation <u>Father Information</u> Name: _____ Hospital No: _____ Date of Birth: _____ Collection Date: _____	<p>Samples must be less than 48 hours old</p> <p>Mother:20cc EDTA(lavender top), 10cc citrate(blue top),10cc clot(redtop)</p> <p>Father:20cc EDTA(lavender top)</p> <p>Note: DO NOT SEND over weekend- Contact lab regarding shipping and handling instructions</p>										
3680-00	<input type="checkbox"/> Platelet Typing for Single Platelet Antigen Other _____	10cc EDTA (lavender top) or ACD (yellow top)										

Specimen Information: Fill in ALL of Box Below

COLLECTION DATE: ____/____/____ Time ____ <input type="checkbox"/> am <input type="checkbox"/> pm	Drawn by: _____
Specimen/Accession No: _____	ICD10Code: _____
Physician or Authorized Person Ordering Test: FIRST _____ LAST _____	
Patient Identification (Name on Sample)	Send Report To:
LAST _____	Institution _____
FIRST _____ MI _____	Fax Number _____
Hospital Identification Number _____	Street _____ City, St, Zip _____
Hospital /Institution _____	Contact Person: _____ Phone No _____
Date of Birth _____ Sex (M/F) _____	Bill To: (BWNW bills to institutions not to 3 rd party payers)
	Institution _____

Comments: _____ Street _____ City, St, Zip _____

Additional Specimen and Test Requirements for current test descriptions and CPT codes visit <https://www.bloodworksnw.org>

All samples must be properly labeled and the information must agree with the identification on the request for testing. A specimen identified by a name must also provide a numeric identifier which may include hospital number, SSN, or other coded identifier. A draw date must be on the sample and/or request for testing form to be acceptable. All samples must be sent to Bloodworks Northwest in a sealed, leak proof container marked with a biohazard sticker to comply with OSHA safety standards. **Ship at ambient temperatures.**