

THIS IS NOT A TEST REQUEST FORM. Please fill out this form electronically and email to coagulation811@aruplab.com via secure email.

PLATELET AGGREGATION STUDIES PATIENT HISTORY FORM

Patient Name: _____ Date of Birth: _____

Sex Assigned at Birth: ☐ Female ☐ Male ☐ _____ Gender Identity (optional): ☐ Female ☐ Male ☐ _____

Ordering Provider: _____ Provider's Phone: _____

Form Submitted By: _____ Email: _____

Client Information:

☐ ARUP Client—must provide Client ID: _____

☐ University of Utah Health—Patient MRN: _____

☐ Nonclient, patient will self-pay; fax results to: _____ Attn: _____

**Non-University of Utah requests must include: a request to test the patient listed above,
the ARUP test code and test name to be performed, and a signature from the ordering physician.**

All requested information is required to schedule testing.

Platelet aggregation is used in the workup of patients with bleeding disorders. Use of this test for other indications, such as for the monitoring of antiplatelet medications, requires consultation with and approval by a Hemostasis/Thrombosis medical director.

Brief clinical history and indication for testing: _____

Previous laboratory testing:

Last known platelet count: _____ Date: _____

Please indicate if the following tests were performed, and if so, when the tests were performed.

Note: These tests are not required for further testing.

Factor 8 Activity: _____ Date: _____

VWF Antigen: _____ Date: _____

VWF Activity: _____ Date: _____

Platelet Function: _____ Date: _____

Other: _____ Date: _____

Medications (include prescriptions, vitamins, herbal supplements, and over-the-counter medications):

Prescription medications, herbal supplements, and over-the-counter medications such as aspirin, ibuprofen, and other NSAIDs may interfere with platelet aggregation testing, which may result in platelet function defects lasting 7–10 days. The potential effects of many medications are unknown. If any of the medications listed below are known to interfere with testing, we may contact your office to recommend adjustments prior to testing with the understanding that changes may not be possible. Your office will be responsible for discussing any desired medication changes with the patient.

List medications the patient is currently taking:

Master Label

For questions, contact ARUP Hemostasis/Thrombosis at 801-583-2787 ext. 2151