LAB318 Platelet Function Screen

BMC

> **Important Note**
>
> Specimens can only be collected at MIB Lab.
>
> Testing needs to be pre-scheduled.

Specimen Type
Whole Blood

Preferred Container
2.7 mL Blue Top tubes (3) and (1) lavender top tube.
Do NOT use 1.8 mL tubes.
Perform venipuncture using 21 gauge needle.
A 23 gauge needle may be used for pediatric samples.
DO NOT use a blood collection set or a butterfly (straight needles only).

Volume Required
Approx. 6 mL whole blood

Transportation Needs
Specimen must be transported immediately to the laboratory.
Each specimen must be analyzed as soon after collection as possible.
DO NOT transport samples through the pneumatic tube system (PTS).
DO NOT centrifuge specimen.

Causes for Rejection
Specimen clotted
Specimen has platelet count < 150,000/uL or > 500,000/uL
Specimen has Hct < 35% or > 50%
Mislabeled or unlabeled specimen
Specimen received > 4 hours after collection
Collection tubes under filled (< 90%)
Any Hemolysis
Collection in any tube other than 3.2% plastic sodium citrate blue top tube
Specimens sent to the lab via pneumatic tube system
Centrifuged specimen
Specimens drawn at other sites and received via courier

Reference Range
Results for the PFS will be reported as normal or abnormal for COL/EPI and COL/ADP, along with interpretation. The platelet count and hematocrit are also included.

The most common cause of platelet dysfunction is medication.
If results are abnormal, suspect Von Willebrand Disease, a platelet disorder or drug-induced inhibition of platelet aggregation.
Newborns can have decreased aggregation compared to adults.

Days of Analysis
M-F (0800-1500)

Additional Information
Results for the PFS will be reported as normal or abnormal, along with interpretation, the platelet count and hematocrit.
The most common cause of platelet dysfunction is medication.
If results are abnormal, suspect Von Willebrand Disease, a platelet disorder or drug-induced inhibition of platelet aggregation. Newborns can have decreased aggregation compared to adults.

Test Scheduling Policy:
It is mandatory that a PFS be scheduled ahead of time. Personnel, reagents, and QC can be prepared in advance of the patient draw to expedite the procedure. Call 607-547-3725
Testing is offered Monday through Friday, 8 am to 3 pm. Some flexibility in time may be allowed if qualified personnel are available beyond the time limits. Call 607-547-3725
If a provider requests testing after hours, on weekends or holidays; this must be approved by the Pathologist on Call.
At the time of scheduling, or when sample is received, the provider will need to provide a clinical history of the patient along with any medications the patient may be on Patient Preparation:
No special patient preparation is required. Physicians may want to advise patients to avoid fatty foods prior to platelet function testing as certain fatty acids and lipids are known to inhibit platelet function. Neutral lipids, such as cholesterol, generally have no effect on platelet function
Subjects should be resting, fasting and non-smoking.
Subjects should avoid taking any prescription or over-the-counter medications known to affect platelet function for ten days to two weeks prior to the test.

Includes
A Platelet Count and a Hematocrit will be performed, reported and billed (CPT's: 85014 and 85049)
Note: Platelet function tests are not accurate on patients with a platelet count <150,000/uL or >500,000/uL or Hct <35% or >50%. Testing will not be performed on these patients.
If the test is being ordered as a pre-procedure or a pre-operative screen, a Heme/Onc consult will be suggested to decide on a course of action for the patient.
Platelet aggregation after stimulation with platelet aggregating agents: ADP, Collagen and Epinephrine

Available STAT
No

Methodology
Whole blood platelets are exposed to high shear flow through an aperture. Platelets adhere to collagen-coated membrane, become activated and release granule contents upon contact w/ agonists- epinephrine or ADP. Formation of a platelet thrombus occurs and arrests blood flow through aperture. The time to platelet plug formation is the closure time (CT) which is indicator of platelet function.

CPT Code
85576 × 2, 85014, 85049