

Biomnis

Clinical information sheet

Platelet immunology

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CLINICIAN	REFERRING LABORATORY
Surname: Department: Address: Post code: City: Country: Tel.: Light	Surname: Post code: City: Country: Tel.: Fax: Date and time of sampling: min
PATIENT DETAILS*	
Name at birth: Surname: Date of birth: Country: Geographical origin:	
CLINICAL DETAILS	
Ongoing treatment, please specify:	
Platelet transfusion: ☐ YES Date : ☐ If yes, ☐ Pooled platelets ☐ Apheresis platelets ☐ NO	
CONTEXT OF THE EXAMINATIONS	
☐ Isolated thrombocytopenia ☐ Thrombocytopenia during pregnancy, stage:	 ☐ Known ITP ☐ Known autoimmune disease - Specify: ☐ Lymphocytic haematologic disease - Specify: ☐ Suspected post-transfusion purpura (PTP) ☐ Glanzmann / Bernard-Soulier thrombasthenia / other thrombopathias ☐ Other disease(s):
EXAMINATIONS REQUESTED* (BIOMNIS CODE IPLAQ)	
The following must be enclosed with your sample: The examination request form The prescription This completed clinical information sheet The patient consent form, available on www.biomnis.com (ref. D43-INTGB: Declarations - Consent for testing the genetic characteristics of an individual).	
□ Detection of platelet-bound IgG / platelet Coombs test only on samples less than 72 hours old □ Identification of platelet-bound antibodies (direct MAIPA) □ Research and identification of serum antibodies (indirect MAIPA) □ Additional research for anti-platelet antibodies apart from systems HPA-1, 3 and 5 □ Additional research for anti-platelet antibody system HPA-15 □ Platelet typing in systems HPA-1, 3 and 5 (phenotyping and genotyping) □ Platelet phenotyping in systems HPA-1, 3 and 5 □ Extensive platelet genotyping in systems hot including extensive platelet genotyping HPA-1, 2, 3, 4, 5, 6, 7, 8, 9, 11 and 15	

Exploration of fetal or neonatal thrombocytopenia