Platelet Count Blood Test

Patient's Name:
Date of Birth:
Gender:
Contact Information:
Healthcare Provider (if available):
Reason for Test:
Routine Checkup
Suspected Thrombocytopenia
Suspected Thrombocytosis
Monitoring for Medical Treatment
Preoperative Assessment
Other:
Additional Notes/Instructions:
Date of Request:
Ordering Physician's Name and Signature:
Laboratory Name:
Laboratory Address:
Laboratory Contact Information:
Test Performed By:
Sample Collection Date and Time:

Platelet Count Result:

Interpretation:

Additional Notes:

Ordering Physician's Name and Signature: Date: