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: