



VG AC Platelet Function Analyzer (PFA) Questionnaire Form

Final Approval: Randy Veinotte

Patient information must be entered below or an LIS label attached otherwise specimen will not be processed. When answering questionnaire please be as specific as possible.

Form box for Patient Name, DOB, Health Card Number, and Unit No.

1. Is this patient on any Medication? \_\_\_Yes \_\_\_No

If Yes, indicate medications taken:

Table with 3 columns: Drug List, Name of Drug Taken, Last taken. Rows include Aspirin/Ibuprofen, Anti-Inflammatory, Anti-platelet, Herbal remedies, Antibiotics or Psychiatric Drugs, and Miscellaneous.

2. Is there any history of excess bleeding, bruising or nosebleeds?

Collect an EDTA tube and order a CBC. Collect PFA sample in 3 light blue tubes (Sodium Citrate). Testing must be completed within 4 hours of collection between the hours of 8am-4pm Monday through Friday. If you have any questions, or are sending a sample, please call the Coagulation Laboratory (902)473-4059. Coagulation Laboratory Fax: (902)425-0642.