

Specimen ID:  
Control ID:

Acct #:

Phone:

Rte:

**Patient Details**DOB:  
Age(y/m/d):  
Gender: F      SSN:  
Patient ID:**Specimen Details**Date collected:  
Date received:  
Date entered:  
Date reported:**Physician Details**Ordering:  
Referring:  
ID:  
NPI:**Ordered Items**

Platelet Antibody Profile

TESTS	RESULT	FLAG	UNITS	REFERENCE INTERVAL	LAB
<b>Platelet Antibody Profile</b>					
HLA Class 1 Antibody	Negative			Negative	01
IIb/IIIa Antibody	Negative			Negative	01
Ib/IX Antibody	Negative			Negative	01
Ia/IIa Antibody	Negative			Negative	01
Glycoprotein IV Antibody	Negative			Negative	01