

**Glanzmann's & Bernard-Soulier Tests® Request Form,
Flowcytometry Unit, Imam Zain Al-Abedeen A.S Hospital, Imam Hussain
A.S Holy Shrine, Karbela, Iraq.**

(Please, circle the appropriate choice)

Name: _____ Date of Birth: _____ / _____ / _____

Gender: M F Occupation: _____ Address: _____

Contact info (cell phone, email): _____

Clinical Data

Bleeding? Yes No Bleeding Sites? Mucocutaneous-GIT-CNS-Urinary-Joints-
Family History? Yes No

Other(Please specify)

Severity of Bleeding **Mild** - required no treatment, only observation
Moderate- required treatment, without platelets/RBC transfusion
Sever- life/sight threatening, required platelet/RBC transfusion

Other Clinical Data: Pyrexia-Anemia-Lymph Nodes-Spleen-Others(_____)

Laboratory Data

CBC: HB= _____ g/dl, MCV= _____ ,WBC= _____ *10³/uL, Platelet= _____ *10³/uL,MPV= _____ fL

Blood Film: _____ **Platelets Aggregation Test:** _____

Indication(s) for the GT&BST Test®

- 1- Patients labeled as GT or BST using the exclusion criteria (i.e history of platelets-type bleeding, normal coagulation tests, abnormal platelets aggregation assay).
- 2- Incidental finding of thrombocytopenia in young adult with poor response to corticosteroids therapy.
- 3- Bleeding tendency with normal platelets count and coagulation assay.
- 4- May be considered in carrier detection if genetic testing is not available.
- 5- Others (please specify)

Referring Physician

Physician Name: _____ Work Place: _____

Signature: _____ Date: _____

Disclaimer: This testing was adopted and its performance characteristics were determined by the *Flowcytometry Laboratory at Imam Zain Al-Abedeen A.S Hospital*. It has not been cleared or approved by the *US Food and Drug Administration*. The manufacturer has labeled this kit for research use only. *It is extremely important to interpret all results based on clinical correlation and other laboratory parameters .*

