

2010 SPECIAL HAEMOSTASIS

Module E (PFA-100)

Participant No.

DUE DATE			SAMPLE NUMBER / test results (sec)					
<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/>	Baseline	Error code (please choose from list provided)	PF10-<input type="text"/><input type="text"/>a	Error code (please choose from list provided)	PF10-<input type="text"/><input type="text"/>b	Error code (please choose from list provided)		
Col/Epi	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="checkbox"/> Normal <input type="checkbox"/> Abnormal <input type="checkbox"/> Test Failure	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="checkbox"/> Normal <input type="checkbox"/> Abnormal <input type="checkbox"/> Test Failure	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="checkbox"/> Normal <input type="checkbox"/> Abnormal <input type="checkbox"/> Test Failure		
Col/ADP	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="checkbox"/> Normal <input type="checkbox"/> Abnormal <input type="checkbox"/> Test Failure	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="checkbox"/> Normal <input type="checkbox"/> Abnormal <input type="checkbox"/> Test Failure	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="checkbox"/> Normal <input type="checkbox"/> Abnormal <input type="checkbox"/> Test Failure		
INTERPRETATION			Normal	<input type="checkbox"/>	Normal	<input type="checkbox"/>		
			Aspirin-like defect	<input type="checkbox"/>	Aspirin-like defect	<input type="checkbox"/>		
			Possible Mild VWD or platelet function defect	<input type="checkbox"/>	Possible Mild VWD or platelet function defect	<input type="checkbox"/>		
			Possible severe VWD or platelet function defect	<input type="checkbox"/>	Possible severe VWD or platelet function defect	<input type="checkbox"/>		
			Low haematocrit or platelet count	<input type="checkbox"/>	Low haematocrit or platelet count	<input type="checkbox"/>		
			Unable to interpret	<input type="checkbox"/>	Unable to interpret	<input type="checkbox"/>		
			Other (Specify)	<input type="checkbox"/>	Other (Specify)	<input type="checkbox"/>		

IMPORTANT NOTES: Please perform both Col/Epi and Col/ADP on BOTH survey samples whether results are normal or abnormal. Please perform a full blood count on donor blood and ensure normal platelet count and haematocrit. At completion of testing, please centrifuge remaining donor blood, and separate and freeze the plasma for potential testing of von Willebrand factor parameters in case required.

DATE RECEIVED:

DATE RETURNED: