

# Expected Results for Platelet Aggregation Responses in Normal Donors



AGONIST		ADP	Arachidonic Acid	Collagen	Epinephrine	AggRecetin	
Parameter	Units	Adenosine-5'-Diphosphate	Sodium Arachidonate	Soluble Calf Skin, Type I	Adrenaline	Ristocetin A Sulfate	
						1.0 mg / mL	1.5 mg / mL
Final Concentration		20.0 µM	500.0 µg / mL	0.19 mg / mL	10.0 µM	Diluent Dependent	Diluent Dependent
Primary Aggregation	%	81	83	85	87	83	89
Primary Slope		54	55	55	20	63	68
Secondary (Biphasic) Aggregation	%	Yes	No	No	Yes	Occasionally	Occasionally
Secondary Slope		Variable	0	0	Variable	Variable	Variable
Area Under The Curve	Minutes	320	414	524	540	N / A	N / A
Lag Phase	Seconds	< 10	< / = 20	< 60	0	N / A	N / A
Disaggregation	%	Yes	0	Yes	Yes	No	No
Maximum Aggregation	%	≥ 89	≥ 83	≥ 99	≥ 104	≥ 96	≥ 101
Final Aggregation	%	63 - 89	65 - 90	61 - 99	51 - 104	82 - 96	54 - 101
Other		Biphasic Response Concentration Dependent	Do Not Adjust Platelet Count	Do Not Dilute	All Normal Donors May Not Conform	Low Dose May Vary On A Lot By Lot Basis	
Primary Diagnostic Use		Monitoring of DAPT	Aspirin Like Defect	GP VI Deficiency	Increased Platelet Sensitivity (SPS)	von Willebrand Disease, Specifically Type 2B	
Drug Sensitivity		Thienopyridines (Clopidogrel, Ticagrelor)	Aspirin (Salicylates)	Fenoprofen	Imipramine, Chlorprozazine	N / A	
Spontaneous Platelet Aggregation (SPA)	%	Primary Aggregation Results Greater Than Or Equal To 7.5 % Are Considered Positive For Platelet Hyper-Reactivity					

- NOTES:**
- Responses From Multiple Agonists May Be Required To Identify A Hereditary Or Acquired Platelet Dysfunction
  - PAP-8E Platelet Count Acceptable Range: Low Count Varies With Agonist; High Count 800,000 / cumm
  - Do Not Dilute PRP with PPP, Test Results will Be Artificially Low; If PRP Must Be Diluted, Use Only Preservative Free, Physiologic Saline (0.85 or 0.9%)
  - Laboratories Must Establish Their Own Reference Ranges

Patient Results Must Be Interpreted Based On Medical, Social And Medication History By A Qualified Medical Professional

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