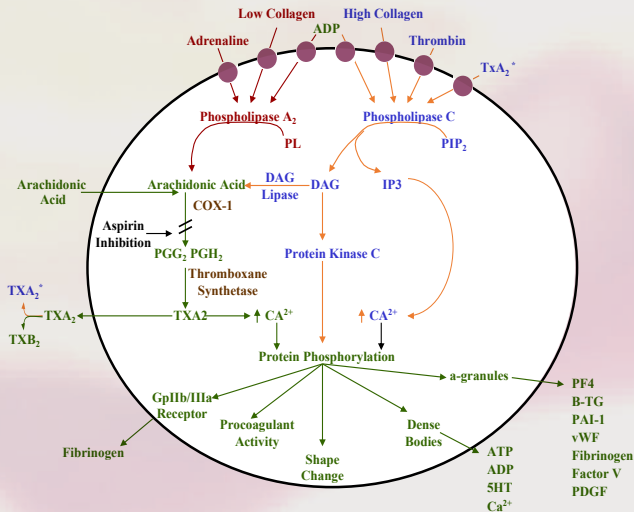


Platelet Activation Pathway Testing Requires Many Reagents [Activators]



Reference: Platelets in Thrombotic and Non-thrombotic Disorders. 2002. Pages: 119, 127-129, 222-223, 238-239, 339, 361, 371, 471-472

PLATELET MEMBRANE RECEPTORS

- Respond to a wide range of platelet activators
- Adhere to damaged cell walls
- Interact with other platelets

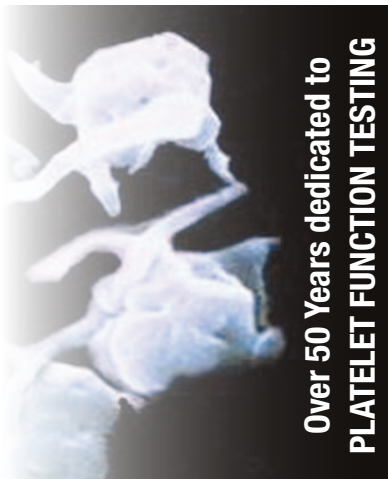
INTERNAL PATHWAYS

- Dense Granules release activators such as ADP and ATP
- Phospholipase A₂ — affected by Aspirin-type drugs
- Phospholipase C — not affected by Aspirin-type drugs

Over 50 Years Experience in Advancing and Simplifying PLATELET FUNCTION TESTING

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Over 50 Years dedicated to PLATELET FUNCTION TESTING

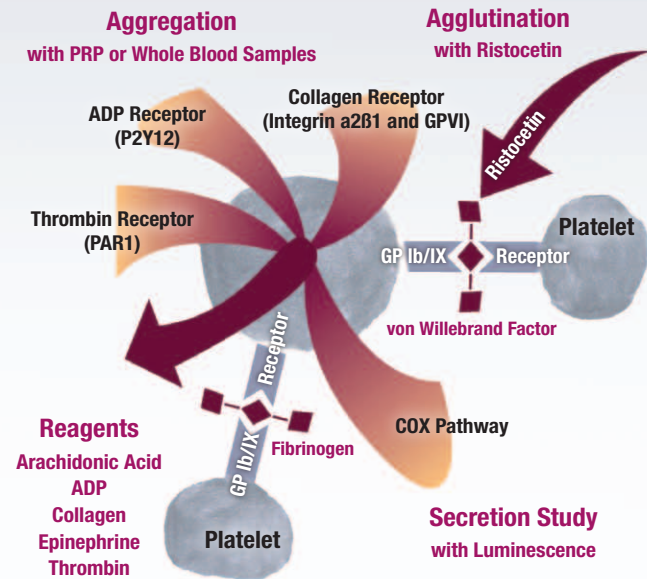
[CPTB1 Ver 1.0 June 2018]

COMPREHENSIVE PLATELET TESTING

Identify Patients at Risk of Bleeding or Thrombosis

Measure ATP Secretion to Diagnose Storage Pool/Secretion Defects

Detect Specific Platelet Disorders

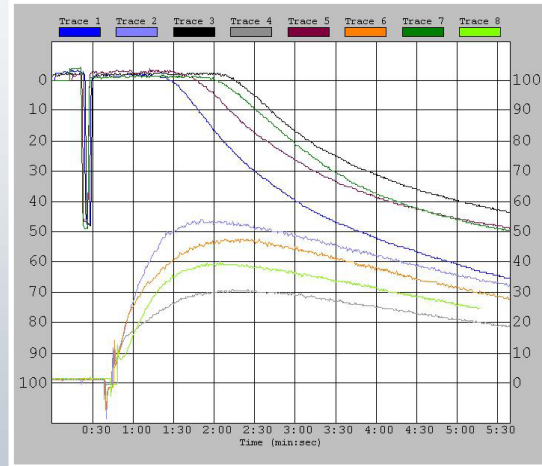


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PLATELETS HAVE A MIND OF THEIR OWN . . .

. . . and Need the Most Comprehensive Tests Available to Find Out What Makes Them Tick [Function] . . . or Not!

CHRONO-LOG® Model 700 with Lumi-Aggregometry or the 8-Channel, Model 490 4+4 with LTA testing PROVIDES THE ANSWERS!!



PLATELET FUNCTION

- Primary or Secondary Aggregation Defect
- Agglutination Defect
- Drug-Induced Defect

DENSE GRANULE SECRETION

- σ -Storage Pool Deficiency
- Secretion Defect
- Drug-Induced Defect

VON WILLEBRAND DISEASE

- RIPA — Ristocetin-Induced Platelet Aggregation in Platelet-Rich-Plasma [or Whole Blood]
- Ristocetin CoFactor Assay — with Slope and Activity calculated down to 3%!