Effective June 15th, Edward Reference Lab will discontinue the bleeding time test.

Numerous studies dating as far back as the late 1980’s (1-3) have determined that the BT is not a useful predictor of bleeding associated with surgical/invasive procedures because of its low positive and negative predictive value. Furthermore, BT results correlate poorly with the risk of bleeding from mucosa, visceral organs or other tissue. In addition a normal bleeding time does not exclude the possibility of excessive hemorrhage associated with invasive procedures, and is not reliable in patients who have a platelet function defect secondary to aspirin or NSAIDS.

The BT results is dependent on the platelet count and is usually abnormal if the platelet count is <100,000 /uL even in the face of normal platelet function. In 2001, a study at the University of Utah Health Sciences Center found that discontinuation of the BT was without any detectable adverse clinical impact. Newer hematology texts no longer include a discussion of the bleeding time other than to mention it for historical purposes. A 2010 article in American Journal of Managed Care (5) lists the BT as an antiquated test that should no longer be offered by clinical laboratories.

The BT test is profoundly affected by operator technique and environmental factors. Currently, it is difficult to maintain proficiency in performing the BT because so few are ordered.

It is currently recommended that a careful history be taken as the initial screen. If a history of a potential bleeding disorder is elicited, it is recommended that a PT and aPTT be performed to screen for coagulopathies and a platelet count to rule out thrombocytopenia. If these are normal, a work-up for a platelet disorder should be considered.


To obtain additional information regarding this change please contact Client Services at 630-527-3450.