Consistent with ITP	Not consistent with ITP

• Platelet morphology:
  ○ Thrombocytopenia
  ○ Platelets are larger than normal in patients with moderate thrombocytopenia or normal in size where the platelet count is >50 $x10^9$/L
	• Platelet morphology:
	  ○ Predominance of consistently giant (the size of RBCs or larger)
	  ○ Agranular
	  ○ Very small (or normal in size where the thrombocytopenia is severe)

• Normal red blood cell morphology:
  ○ Findings such as microcytosis and hypochromia should be readily explained by iron deficiency or thalassemia
	• Abnormal RBC morphology including:
	  ○ Marked poikilocytosis
	  ○ Schistocytes
	  ○ Polychromatophilia (unless in response to bleeding)
	  ○ Macrocytes
	  ○ Nucleated RBCs
	  ○ RBC inclusions eg malaria

• Normal white blood cell (WBC) morphology:
  ○ Abnormalities readily explained by recent infection
	• Leukocytosis or leukopenia:
	  ○ Immature or abnormal cells, eg blasts (atypical lymphocytes and eosinophilia may occur in children with ITP)
	• Leukocyte inclusions:
	  ○ Döhle bodies (together with giant platelets may suggest May-Hegglin Anomaly)