

ADAMTS-13 REQUEST FORM

The following information is required when requesting ADAMTS-13 testing to be performed. Please fill in the mandatory data and send with patient sample.

Activity **Inhibitor** Perform Activity first, do Inhibitor if Activity level is abnormal.

MANDATORY INFORMATION					
Collection Date (yyyy-mm-dd)	- -	Collection Time			
Referring Laboratory					
Patient Name					
DOB	- -	MRN#	Lab#		
Ordering Physician					
Physician Phone # (Include After Hours Contact #)	After Hours Contact #				
Provisional Diagnosis					
Reason for Test:	New Diagnosis <input type="checkbox"/>	Relapse <input type="checkbox"/>	Follow-up Monitoring <input type="checkbox"/>		
LABORATORY INFORMATION (Most Recent Results)					
Date of Results					
Platelet Count					
Hemoglobin					
RBC Morphology					
LD					
OTHER PERTINENT INFORMATION (Current treatment regimen?)					

Disclaimer: Thrombotic Thrombocytopenic Purpura (TTP) is generally associated with a severe deficiency (i.e. <10%) ADAMTS-13 activity. TTP may be primary (Upshaw-Schulman Syndrome) or secondary (acquired) and this assay does not distinguish between these two forms. The diagnosis of TTP should not be based solely on the ADAMTS-13 activity.

Patients with other thrombotic microangiopathies (e.g. Atypical Hemolytic Uremic Syndrome (aHUS), Hemolytic Uremic Syndrome (HUS), Disseminated Intravascular Coagulation (DIC)) or other conditions (sepsis/MOSF, malignant hypertension, etc.) may have reduced ADAMTS-13 activity. However, ADAMTS-13 activity of 10% or lower is highly suggestive of TTP. Of note: Transfusion of plasma or apheresis with plasma prior to sample collection may mask deficiency. Collect specimen prior to transfusion of any components and prior to apheresis.

NOTE: To convert U/mL to percentage, % = U/mL x 100