

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. Please note: all samples will be run as Routine priority, unless the lab is contacted at 416-864-5123 to request a Stat priority.

Please select from the 2 options below:

Activity **Activity and Inhibitor**

(Note: Inhibitor will only be reflexively performed if Activity level is 10 % or less. If Activity is above 10% and an inhibitor is still desired, please contact the coagulation laboratory/medical director at 416-864-5123 for approval)

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

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