

Patient Information sheet for ADAMTS13 Testing

Name of Patient and Date of Birth:

Name of person completing form:

M F

Pager/Contact No: _____

Samples collected (Time and date):

Is this sample pre or post plasmapheresis (Please indicate):

Is this sample post FFP administration (Please indicate):

Clinical presentation of patient:

Fever: Yes No

Renal impairment: Yes No

Neurological Symptoms: Yes No

Coagulopathy: Yes No

Any other presenting clinical information:

Test parameter	Results	Laboratory Reference Range
Haemoglobin level		
Absolute reticulocyte count%		
Platelet count		

Blood Film findings	
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Test parameter	Results	Laboratory Reference Range
Unconjugated bilirubin		
Total bilirubin		
LDH		
Haptoglobin		
Urea		
Creatinine		
EGFR		

Are you using the ADAMTS13 activity assay to confirm a diagnosis of TTP?

Yes No

Are you using the ADAMTS13 activity assay to monitor treatment efficacy in a confirmed case of TTP?

Yes No

What clinical information are you hoping to gather from the ADAMTS13 activity assay?

Please describe.

Are you using the ADAMTS13 activity assay to exclude a diagnosis of TTP? i.e. in acquired HUS

Yes No

Thank you for your help in completing this form

Please complete and return with 2 x citrate samples, as soon as collected, to Central Specimen Reception (CSR) SEALS.

For further information contact:

SEALS North Randwick: Sarah 02- 9382 9003

SEALS Central St George or Sutherland: Rosalie or Lauren 02- 9113 3428

SEALS South Wollongong: Michael 02- 42225164