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ADAMTS13 Activity Request Form

If you suspect MAHA/TTP, please contact the UHB Haematology Consultant via Switchboard for urgent advice. Tel: 01216272000

For urgent samples, Tel: 01213715988 (Special Coagulation Lab)

Samples must be in the lab by 12 noon if urgent and require testing on the same day.

REQUESTING HOSPITAL		Direct contact number	
PATIENT NAME		GENDER	M/F/U
NHS/Local Hospital No.		Date of Birth	
Consultant in charge of patient	Name	Mobile	Email

Date/Time of sample collection		Date/Time of last plasma infusion/exchange	
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CLINICAL DETAILS

Urgent request	<input type="checkbox"/>	Routine request	<input type="checkbox"/>
Suspected TTP (immune mediated)	<input type="checkbox"/>		
Suspected TTP (congenital)	<input type="checkbox"/>		
Suspected aHUS	<input type="checkbox"/>		
1st acute presentation	<input type="checkbox"/>		
Acute relapse	<input type="checkbox"/>		
Monitoring	<input type="checkbox"/>		
Other (please specify):			

LOCAL RESULTS

WBC	
Hb	
Platelets	
Blood Film	Y/N
Evidence of MAHA	Y/N
PT/INR	
APTT	
Fibrinogen	

SAMPLE REQUIREMENTS

Samples must be 'double spun' – Centrifuge primary samples at 2500rpm for 15 minutes and then remove the plasma and pool into a plastic tube and re-centrifuge this pooled plasma at 4000rpm for 10 minutes. This should be divided into at least 2 x 1ml aliquots. All samples **should be sent frozen** and packed with ice in an insulated transport container.

SAMPLE LABELLING

A minimum of surname, forename and DOB must be present on each aliquot. (Note: local hospital number cannot be accepted as a third point of ID).

We will endeavour to ring urgent results on the contact number you have provided. From time of receipt of sample in the lab, urgent results will usually be available within 24 hours. It remains the responsibility of the requestor to coordinate clinical management based on these results.