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| Document Code:  | HAE.F008 | Date of Issue: | 15/04/25 |
| Version Number: | 1.2      |                |          |

## ADAMTS13 Activity Request Form

**If you suspect MAHA/TTP, please contact the UHB Haematology Consultant via Switchboard for urgent advice. Tel: 0121 627 2000**

**For urgent samples, Tel: 0121 371 5988 (Special Coagulation Lab at QEH) during core hours or 0121 371 6920 out of hours.**

**Samples can be sent for processing 24 hours a day**

|                                  |         |   |       |
|----------------------------------|---------|---|-------|
| REQUESTING HOSPITAL              |         | Direct contact no.                              |       |
| Patient Name                     |         | Gender  | M/F/U |
| NHS/Local Registration No.       |         | Date of Birth                                   |       |
| Consultant in charge of patient: | Mobile: | Email:  |       |
|                                  |         |   |       |
| Date & time of sample collection |         | Date & time of last plasma infusion or exchange |       |

### CLINICAL DETAILS:

|                                 |  |                 |  |
|---------------------------------|--|-----------------|--|
| Urgent request                  |  | Routine request |  |
| Suspected TTP (immune mediated) |  |                 |  |
| Suspected TTP (congenital)      |  |                 |  |
| Suspected aHUS                  |  |                 |  |
| 1st acute Presentation          |  |                 |  |
| Acute Relapse                   |  |                 |  |
| Monitoring                      |  |                 |  |
| Other (please specify):         |  |                 |  |

### LOCAL RESULTS:

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

### Sample Transport

The requestor shall arrange for sample collection and deliver to the testing laboratory. Arrange a courier from your local laboratory.

### SAMPLE REQUIREMENTS:

1x citrated blood, sent immediately at ambient temperature to arrive within 12 hours of collection\* OR send 3x frozen aliquots of double spun citrated plasma and ship 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).**

\* Underfilled samples (>50%) and samples up to 72 hours can be used in emergency scenarios, however please follow up with a fresh correctly filled sample as soon as possible.

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## ADAMST13 Activity Assay

Measurement of ADAMTS13 activity plays a vital role in the diagnosis of thrombotic thrombocytopenic purpura (TTP). Reduction of ADAMTS13, either due to an inherited mutation within the ADAMTS13 gene or because of a development of an autoantibody, can lead to the accumulation of ULVWF multimers. The persistence of ULVWF multimers causes unwanted binding of platelets, via GP1B, leading to microvascular thrombosis with life threatening consequences.

### Assay Details

**Testing site** Special Coagulation, Haematology Laboratory, Queen Elizabeth Hospital Birmingham.  
 Mindelsohn Way, Edgbaston, Birmingham. B15 2GW

**Methodology** AcuStar Chemiluminescent technology (first line)  
  
 ADAMST13 Activity (confirmation): Technozym ELISA  
  
 ADAMST13 Antibody: Technozym ELISA

**Reference Range** ADAMTS13 Activity (AcuStar): 62.0-118.0 IU/dL  
  
 ADAMTS13 Activity (ELISA): 38-110%.  
  
 ADAMTS13 Antibody: <12U/mL

ADAMTS13 activity results of <2 IU/dL are diagnostic for TTP. Any results between 2-10 IU/dL will be considered equivocal and repeated using the Technozym manual ELISA method for confirmation.

**TAT** From time of receipt of sample in the lab, urgent results will usually be available within 6 hours. It remains the responsibility of the requestor to coordinate clinical management based on these results.

### Submitting a Request

Samples can be sent 24/7. Testing will be done based on urgency. **Centres referring samples MUST contact the on call Haematology Consultant. Failure to do so will result in assay charges to the referring Trust.** For urgent requests please also inform the laboratory that the sample is coming. Results from all urgent requests will be phoned to the UHB Consultant on call.

### Contact

For clinical advice contact UHB Haematology Consultant via Switchboard - Tel: 0121 627 2000

For general lab enquiries contact [coagulationqehb@nhs.net](mailto:coagulationqehb@nhs.net) or 0121 371 5988 during core hours.