



Dr. M.J. Fritzler, Director
 3415C 3 Avenue NW
 Calgary, AB T2N 0M4
 Phone: 403-800-8851 Fax: 403-800-8852
 Email: admin@mitogendx.com
 Website: www.mitogendx.ca

ADAMTS-13 Activity & Inhibitor Profile (AI ADAMA)

* = Required information.

Patient Information:

*Name: (Surname, First)
*PHN:
*DOB: (dd/mm/yy)
*Gender:

Referring Physician Information:

*Dr. Name: (Surname, First)
*Phone:
* Fax#:
*Email:

Referring Lab Information:

*Lab Name:
<p>* Specimen Requirements: Collect human plasma in a CITRATE tube (not heparinized) Minimum sample volume 1.5ml.</p> <p>* Specimen Handling:</p> <ol style="list-style-type: none"> 1. Centrifuge the citrate tube, pipet plasma into an aliquot tube. 2. <u>Transport the plasma aliquot on ice packs</u> to MADL ASAP. 3. <u>DO NOT FREEZE THE SAMPLE</u>

Sample Information:

*Date/Time collected: (dd/mm/yy: hr)
<p>*Diagnostic Information pertinent to autoantibody test request (please check a box):</p> <p>ADAMTS-13 testing provides important clinical information for two main conditions. Please select the condition you are addressing:</p> <p><input type="checkbox"/> Atypical hemolytic uremic syndrome (aHUS)</p> <p><input type="checkbox"/> Acquired/Immune Thrombotic Thrombocytopenic Purpura (ITTP)</p>

Medical Personnel: Please mark tests to be done.

- | |
|--|
| <p><input type="checkbox"/> ADAMTS-13 Activity & Inhibitors
 (STAT: Turn-Around-Time (TAT) 24-48 hours after the sample is received)</p> <p><input type="checkbox"/> Anti-ADAMTS-13 antibodies/inhibitors only
 (Not a STAT test, TAT 5 business days)</p> |
|--|

Please send properly labeled and packaged serum samples with this requisition to:

MitogenDx
 3415C 3 Avenue NW
 Calgary, AB T2N 0M4