

Tests not yet approved by Health Canada for diagnostics are labeled as Research Use Only (RUO). See Page 2 for a list of Diagnostic Tests. Please mark **ALL tests** to be done. **Patient Information, Referring Physician, and Referring Laboratory, and Billing Options are ALL REQUIRED for samples to be processed without delay.**

PATIENT INFORMATION	REFERRING PHYSICIAN INFORMATION
Patient Name (Surname, First name) Gender Female Male Other Personal Health Number Date of Birth (dd/mm/yy) Address (for non-Alberta Residents)	Physician Name (Surname, First name) Phone Number Fax Number Email address Comments
REFERRING LABORATORY INFORMATION	SAMPLE INFORMATION
Laboratory Name Address Phone number Fax number Email address	Sample Type Citrated Plasma only (see Sample Collection) Time and Date Collected (dd/mm/yy) Comments

BILLING OPTIONS AND RECEIVING RESULTS (choose option A or B)

A Referral Laboratory
Payment to MitogenDx by Referral laboratory

Invoices for payment of requested tests will be sent directly to the referring laboratory.

Receiving Results: Results typically follow 7-10 days after receipt of sample, depending on the test(s) requested. Please visit our website for turnaround times for specific tests (www.mitogendx.com).

B Direct to Customer
Customer to provide direct payment to MitogenDx by credit card (see Contact Us)

Customer Name	Address
City	Country
Province/State	Phone
Customer Email	

Receiving Results: Results typically follow 7-10 days after receipt of sample, depending on the test(s) requested. Please visit our website for turnaround times for specific tests (www.mitogendx.com). By checking the box for **Option B**, you consent to having your results sent to the customer email provided. If you wish to have your results sent directly to the physician on this requisition, please enter "I consent to having my test results sent directly to physician" in the **COMMENTS** box on **Page 2** of this requisition.

SAMPLE COLLECTION

Sample Collection Procedure: Collect human plasma in a CITRATE tube (not heparinized). Minimum sample volume 1.5ml. Centrifuge the citrate tube, pipet plasma into an aliquot tube. Freeze the sample immediately and transport on dry ice.

SHIPPING INFORMATION

Please ensure your samples are scheduled to arrive **before 3pm on Friday** of any desired workweek. Please do not send samples on weekends or holidays as Mitogen will be closed and **SAMPLES WILL NOT BE RECEIVED UNTIL THE FOLLOWING WORKWEEK**. Shipments from any shipping company are accepted (including Purolator and FedEx). Tracking numbers should be retained for delivery confirmation. If problems arise or your package is not delivered promptly please email us at lab@mitogendx.com. **Ship the plasma aliquot on dry ice to MitogenDx as soon as possible.**

RECEIVING RESULTS

Results typically follow **24-48 hrs** after receipt of sample.

Outside Alberta – Results/reports will be faxed to **referring laboratories only**. If you have not received your results, please contact the laboratory that sent your sample. For missing or delayed reports, please contact us.

CONTACT US

MitogenDx Laboratory
 3415C 3rd Ave NW
 Calgary, AB, T2N 0M4
 Phone: 403-800-8851 Fax: 403-800-8852
 Email: lab@mitogendx.com
 Visit our website: www.mitogendx.com

ADAMTS-13 TEST REQUISITION

Medical Personnel: Please mark ALL tests to be done

ADAMTS-13 Activity & Inhibitors (**STAT**: Turn-Around-Time (TAT) 24-48 hours after the sample is received).

Anti-ADAMTS-13 antibodies/inhibitors only (**Not a STAT test**, TAT 5 business days)

Diagnostic Information pertinent to autoantibody test request (please check a box):

ADAMTS-13 testing provides important clinical information for two main conditions. Please select the condition you are addressing:

Atypical hemolytic uremic syndrome (aHUS)

Acquired/Immune Thrombotic Thrombocytopenic Purpura (ITTP)

COMMENTS