

See [Page 2](#) for a list of Diagnostic Tests. Please mark **ALL tests to be done**. **Patient Information, Referring Physician, and Ordering Laboratory are ALL REQUIRED** for samples to be processed without delay.

| PATIENT INFORMATION | REFERRING PHYSICIAN INFORMATION |
|--|--|
| Patient Name (Surname, First name) Surname: First Name: Sex Female*****AUY Personal Health Number Date of Birth (dd/mm/yy) | Physician Name (Surname, First name) Phone Number Fax Number Email address Comments |
| ORDERING 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) Ordering Lab Reference # Comments |

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 plasma aliquot immediately and transport on dry ice as soon as possible.

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 MitogenDx 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 contact your shipping company.
Shipping--See [Shipping Instructions](#). Please send properly labeled and packaged samples with this requisition to the address below.

RECEIVING RESULTS

Results typically follow 5-7 working days after receipt of sample, depending on the test(s) requested and will be sent to the ordering lab. STAT results will follow within 48 working hours. Please visit our website for turnaround times for specific tests (www.mitogendx.com).
If you have not received your results, please contact the laboratory that sent your sample to MitogenDx. Results for tests requested by an ordering laboratory cannot be sent to physicians or patients.

CONTACT INFO FOR LABS

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 5-7 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