ADAMTS-13 Request Form

Document Reference: LF-COAG-BRI-ADAMTS-13REQUEST

NHS University Hospitals Bristol and Weston NHS Foundation Trust

Patient Name . . . . **Date of Birth** . . . .
NHS Number. . . . . **Local Hospital Number**. . . . .

Consultant in charge of patient: **Name**. . . . .
Mobile. . . . .**Email** . . . .

Hospital & full address for report: . . . .
. . . .
Contact name/number (must be available to take results)
. . . .
Date Time sample collected: . . . .

Please discuss any urgent/new cases (even if you do not think it is TTP) with the on call Haemostasis consultant at UHBW (switchboard 0117 923 000) before sending an urgent sample.
We are able to offer testing 7 days per week.
For urgent samples once agreed by the UHBW clinician above please Tel: **0117 342 2708** (available 24/7) **when sample is on route.**

Urgent	☐	**Routine**	☐
Suspected TTP (Immune mediated)	☐	1st acute presentation	☐
Suspected TTP (Congenital)	☐	Acute relapse	☐
Suspected aHUS	☐	Monitoring	☐
		Pregnancy	☐

TESTS required:

ADAMTS 13 activity (citrate sample) ☐
ADAMTS 13 antibody (SST sample) ☐
Genetic testing (EDTA sample) ☐

Sample Requirements for ADAMTS 13 activity: Standard Coagulation Tubes.

Either as:
2 citrated blood samples despatched to arrive in the laboratory within 48 hours of sample collection as un-centrifuged whole blood (stored at room temperature)
OR:
Double spun plasma (at 2,000g) divided into 4 aliquots (minimum volume 150 µL in each). Freeze immediately at -70^{o}C. Send frozen / on dry ice to:
Haemostasis Laboratory, Level 8 Queens Building, Bristol Royal Infirmary, Upper Marlborough Street, Bristol, BS2 8HW.
Email: Amanda.Clark@uhbw.nhs.uk
Christopher.Doherty@uhbw.nhs.uk