



# ANALYSIS OF ADAMTS-13 IN CASES OF TROMBOTIC MICROANGIOPATHIES

3175, Côte Sainte-Catherine Road, Montreal, QC H3T 1C5 (514) 345-4931 ext. 5681

|   |   |
|---|---|
| Requesting Institution/Unit : _____<br>Address: Civic number _____ Street _____<br>Province/Country _____<br>Postal code: _____<br>Phone number: _____ FAX: _____<br>Requesting Physician : _____<br><b>Sampling Date:</b> Y/M/D _____ <b>Time</b> _____<br><b>Sampled By:</b> _____ <b>STAT</b> <input type="checkbox"/> | <b>Patient Information</b><br>Last Name, First Name _____<br>Gender: F <input type="checkbox"/> M <input type="checkbox"/><br>Health care Institution (specify) _____<br>Medicare card # / Health facility file # _____<br>D.O.B. : _____<br>or<br>Stamp the patient's Health Care Institution card |
|---|---|

## CLINICAL INFORMATION FORM TO ATTACH TO SAMPLES

### SUSPECTED PATHOLOGY :

- » Thrombotic thrombocytopenic purpura (TTP) :
- » Hemolytic-uremic syndrome (HUS) : Typical  Atypical

**PRIOR EPISODES of thrombotic microangiopathy:** NO YES Specify dates: Y/M/D \_\_\_\_\_

### ASSOCIATED PATHOLOGIES :

- Pregnancy  Weeks preg. \_\_\_\_\_  Cancer  Infection  Transplant  
 Medication  Specify : \_\_\_\_\_  Other Specify : \_\_\_\_\_

### CLINICAL CONTEXT THAT CORRESPONDS TO AN ACUTE STAGE :

- » Fever :  NO  YES
- » Neurological signs :  NO  YES Specify : \_\_\_\_\_
- » Abdominal signs :  NO  YES Specify : \_\_\_\_\_

### BIOLOGICAL PARAMETERS :

- » Hemolytic anemia :  NO  YES
- » Thrombopenia :  NO  YES

### TREATMENT :

Time of collection in relation to treatment : \_\_\_\_\_

If treatment, which one?: \_\_\_\_\_

## SAMPLING PROCEDURES AND SHIPMENT OF BLOOD SAMPLES

- Collect peripheral venous blood samples using 4,5 ml citrate tubes containing 3,2% (0,109 mM) sodium citrate solution. Except for specific cases, collect blood before treatment, such as plasma transfusion and / or plasma exchange.

**Note: Do not collect samples using EDTA or HEPARIN.**

- Centrifuge the blood samples at 2 500g or more for 10 minutes at between 18 and 25°C
- Decant plasma into several aliquots (minimum of 3) of at least 500µL each
- Freeze the aliquots of plasma at -20°C or lower until they are ready to be shipped on dry ice
- **All of the aliquots must be clearly identified (Patient's family name, given name, birth date, sample date and time)**
- **The aliquots must be shipped along with the clinical information form (F-726)**

On the package

- Write the laboratory's complete address
- Write the name of the originating hospital and laboratory (you)
- Indicate on the package how many samples it contains
- Insert the requisition forms (F-726) in a sealed Ziploc bag and place them in a separate compartment from the samples

- **Ship the aliquots on dry ice to the laboratory:** CHU Sainte-Justine  
Hemostasis Laboratory, 2<sup>nd</sup> floor, Unit 6, Room 2610, C/O Anik Cormier  
3175, Côte Sainte-Catherine Road  
Montreal, QC, Canada H3T 1C5

Information: (514) 345-4931 #7170