

V20190330



**** Mitogen does not collect samples from patients. Please go to Calgary Lab Services or any referral lab near you to collect and send your samples.**

Dr. M.J. Fritzler, Director
3330 Hospital Dr. NW: HRIC3A26
Calgary, AB T2N 4N1

Phone: 403-220-4582
Email: madl@ucalgary.ca
Website: www.mitogen.ca
Fax: 403-210-8616

ADAMTS-13 ACTIVITY & ANTIBODY/INHIBITOR Profile

* = Required Information

Patient Information:

Referring Physician Information:

*Name: (Surname, First)	*Dr. Name: (Surname, First)
*PHN :	*Phone:
*DOB: (dd/mm/yy) *Sex:	*Email:
*Address:	
Postal Code:	

Referring Lab Information:

Sample Information:

*Lab Name:	*Date/Time collected: (dd/mm/yy/hr)
*Address:	<i>Diagnostic information pertinent to autoantibody test request:</i>
*Phone :	
*Fax #	
<p><i>PLEASE NOTE: THIS TEST IS INTENDED TO DIFFERENTIATE THE ATYPICAL HEMOLYTIC UREMIC SYNDROME (aHUS) FROM THROMBOTIC THROMBOCYTOPENIA PURPURA (TTP). IT IS NOT INTENDED AS A SCREEN FOR OTHER CONDITIONS.</i></p>	<p>Phlebotomy Laboratories: Collect peripheral venous blood samples using 4,5 ml citrate tubes containing 3,2% (0.109 mM) sodium citrate solution. DO NOT COLLECT SAMPLES IN EDTA or HEPARIN Minimum sample volume 1.5ml.</p>

Medical Personnel: Please check tests to be done.

<input type="checkbox"/> ADAMTS-13 Activity

<input type="checkbox"/> ADAMTS-13 Antibody/Inhibitor

Please send properly labeled and packaged serum samples with this requisition to:
Mitogen Advanced Diagnostics Laboratory; c/o Dr. MJ Fritzler
University of Calgary HRIC 3A26, 3330 Hospital Dr. NW
Calgary, AB T2N 4N1