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zlm zentrum für labor medizin bern

Center of Laboratory Medicine

Department of Hematology and Central Hematology Laboratory

Hemostasis

STS 259

Responsibility: Prof. Dr. J. Kremer Hovinga
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Determination of ADAMTS-13 activity / inhibitor in plasma

Patient:
Surname, Fist Name, date of birth, Sex, Address (if recipient of invoice)

Reception: Daily

Transport: Frozen on dry ice (preferred) by post / express / courier

Room temperature when delivery within 24h

Blood collection date: **time:**

❒ **before therapy start** ❒ **after therapy start**

Material: ❒ **Citrated plasma (preferred)** – 2x centrifuged at 1500g for 10 min.

❒ Serum ❒ heparinized plasma

In addition, EDTA whole blood (for molecular analysis)

Analysis requested:

❒ ADAMTS13 activity (by default Tuesday / Friday; emergency analyses after prior consultation **031 632 33 15**)

❒ ADAMTS13 activity, verification own result: ___________ (only Tuesday / Friday)

❒ ADAMTS13 inhibitor (Tuesday; done by default in all samples with an ADAMTS13 activity ≤20%)

Clinical information / diagnosis:

Treatment:

❒ Plasma infusion, volume administered: ______________ ❒ Plasma exchange

❒ Steroids ❒ Rituximab ❒ Others (splenectomy etc.) please specify ______________________________________

After ADAMTS13 analysis, the blood sample(s) will be stored for an undetermined period, possibly for several years for further analyses (reference sample during follow-up, family studies etc.), validation of new assays or research questions related to the patient's disorder. In case of a scientific publication, inference on the patient's identification will not be possible. The referring physician is responsible for the procurement of the patient's consent that his/her samples are stored for the purpose mentioned above.

Sender: printed name or stamp Hospital: Dep: Clinician: Tel. / e-mail:	Billing address (please specify address): ❑ Patient ❑ Referring clinician ❑ other	Written copy of findings (printed name and address):
❑ request written report by mail ❑ request electronic report	Fax / E-Mail (only HIN-protected E-mail address)	

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