



Biomnis

Clinical information sheet **ADAMTS13 testing**

Adamts 13 Factor Willebrand cleavage protease
in thrombotic microangiopathies in adults

To be attached with the samples

INTERNATIONAL DIVISION - Tel.: +33 (0)4 72 80 23 85 - Fax: +33 (0)4 72 80 73 56 - E-mail: international@biomnis.com

PATIENT DETAILS

First name(s):

Surname:

Date of Birth:

Gender: F M Blood group (ABO) :

Address:

Post code: City:

Country:

Date and time of sampling:

..... at hrs min

CLINICIAN

Surname:

Department:

Hospital:

Address:

Post code: City:

Country:

Tel.:

Fax:

E-mail:

SUSPECTED PATHOLOGY

Thrombocytopenic thrombotic purpura (TTP): non familial familial (*cf page 2*)

Haemolytic and uremic syndrome (HUS): non familial familial

PREVIOUS HISTORY OF TMA

<input type="checkbox"/> NO	<input type="checkbox"/> YES	<i>Specify the dates:</i>
<input type="checkbox"/> Acute stage	<input type="checkbox"/> Remission	

ASSOCIATED PATHOLOGIES

<input type="checkbox"/> Pregnancy (Term:) <input type="checkbox"/> Cancer :	<input type="checkbox"/> Infection :	
<input type="checkbox"/> Medication:	<input type="checkbox"/> Transplant:	<input type="checkbox"/> Autoimmune disease:
<input type="checkbox"/> Other:		

CLINICAL CONTEXT

Fever	<input type="checkbox"/> NO	<input type="checkbox"/> YES	
Neurological symptoms	<input type="checkbox"/> NO	<input type="checkbox"/> YES	<i>Specify:</i>
Abdominal symptoms	<input type="checkbox"/> NO	<input type="checkbox"/> YES	<i>Specify:</i>
Cardiac symptoms	<input type="checkbox"/> NO	<input type="checkbox"/> YES	<i>Specify:</i>

BIOLOGICAL RESULTS

Renal failure	<input type="checkbox"/> NO	<input type="checkbox"/> YES	<i>If yes, please specify:</i> Urea (mmol/L):
			Creatinine (μmol/L):

Haemolytic anaemia	<input type="checkbox"/> NO	<input type="checkbox"/> YES	<i>If yes, please specify:</i> Haemoglobin (g/dl):
			Schizocytes (%):
			LDH:
			Haptoglobine:

Thrombopenia	<input type="checkbox"/> NO	<input type="checkbox"/> YES	<i>If yes, please specify:</i> Platelets (giga/l):
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Haemostasis	PT:.....	ACT:	Fibrinogen:
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These tests are referred to a partner laboratory for analysis.



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TREATMENT

Type:

Effectiveness:

GENEALOGY TREE (to be completed in the case of familial TMA)

*Indicate the propositus by an arrow as well the known clinical and biological information
for the other family members suffering from TMA.*