|  |  |
| --- | --- |
| **Patient Name** |  |
| **Date of Birth** |  |
| **CHI number** |  |
| **Consultant** |  |
| **Telephone number** |  |
| **Hospital (full address for report)** |  |
| **Email address** |  |

|  |
| --- |
| **Clinical details** *(please provide as much relevant information as possible)***:** |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Suspected TTP/aHUS - **URGENT** |  |  | Hb (g/L) |  |
| Previous acquired TTP: Relapse? - **URGENT** |  |  | WBC (x109/L) |  |
| Pregnancy associated MAHA - **URGENT** |  |  | Platelets (x109/L) |  |
| Known congenital TTP - monitoring |  |  | LDH (U/L) |  |
| Previous acquired TTP - monitoring |  |  | Creatinine (mmol/L) |  |
|  |  | % Fragments on blood film |  |

If you suspect TTP, please contact your local on-call Haematology Consultant for advice. If you suspect aHUS, please contact your local renal team for advice.

**Date & time of sample collection:** **Date & time of last plasma infusion/exchange:**

**Sample Requirements:** 2 x 3.5mL fresh citrated blood samples

**Sample Processing:**

* Uncentrifuged citrated whole blood can be shipped at ambient temperature but must reach our laboratory within 24 hours of being taken **OR**
* Double spin samples at 2000g for10 minutes and pipette plasma into 4x 0.5mL aliquots. Clearly label all aliquots with patient name, CHI and date. Freeze at -20°C or below and ship 2 aliquots in a suitable container to ensure they arrive frozen. We are unable to test samples that have thawed during transit.

Please retain a plasma sample within your own laboratory for **ADAMTS13 Inhibitor Assay**, in the event that ADAMTS13 Activity is <30IU/dL.

Please contact the Specialist Haemostasis Laboratory before sending samples: **0141 242 9552/9605** **Send samples to: Specialist Haemostasis Laboratory Macewen Building, 3rd Floor Glasgow Royal Infirmary, Castle St, G4 0SF**