

# ADAMTS13

PLEASE NOTE ON THE REQUEST CARD PLEASE WRITE APTT, PT AND FIBRINOGEN RESULTS

**SEND TWO FROZEN SEPARATED CITRATE SAMPLES TO:**

**COAGULATION LABORATORY, LEVEL D, SOUTH ACADEMIC BLOCK  
UNIVERSITY HOSPITAL SOUTHAMPTON  
TREMONA ROAD  
SOUTHAMPTON  
SO16 6YD**

PHONE NO. 023 8120 4283

DATE: \_\_ \_\_ / \_\_ \_\_ / \_\_ \_\_

**Purchase order No. ....**

Dear Sir / Madam,

Please find enclosed frozen separated citrated specimens from

Name \_\_\_\_\_

NHS no \_\_\_\_\_

dob \_\_ \_\_ / \_\_ \_\_ / \_\_ \_\_

(Our laboratory reference \_\_\_\_\_)

This specimen is for **ADAMTS13 activity (Werfen AcuStar)**, requested by our haematology consultant.

Our results for this patient:

APTT/APTR =

PT/INR =

fibrinogen =

Our laboratory contact number is \_\_\_\_\_

**All invoices should be sent to** [insert laboratory address]:

Yours sincerely

[laboratory manager]