



CINCINNATI CHILDREN'S CLINICAL LABORATORIES

For test inquiries please see page 3 for assay specific contact information.
www.cincinnatichildrens.org/tma

****ADAMTS13 Activity STAT testing ONLY: Weekend & Holiday shipping:**
CCHMC Dock #5, 3333 Burnet Ave, Clinical Lab B4, Cincinnati, OH 45229-3039

Ship to:
CCHMC Division of Nephrology
Clinical Laboratory, T.6-325 Dock 1
240 Albert Sabin Way
Cincinnati Ohio 45229
MONDAY- FRIDAY DELIVERY ONLY**

THROMBOTIC MICROANGIOPATHY (aHUS and TTP) TEST REQUISITION

All Information Must Be Completed Before Sample Can Be Processed

PATIENT INFORMATION

Patient Name: _____
Last First MI
MR# _____ Date of Birth ____/____/____
Gender: Male Female

ETHNIC/RACIAL BACKGROUND (Choose All)

- European American (White)
- African-American (Black)
- Native American or Alaskan
- Asian-American
- Pacific Islander
- Ashkenazi Jewish ancestry
- Latino-Hispanic _____
(specify country/region of origin)
- Other _____
(specify country/region of origin)

SAMPLE/SPECIMEN INFORMATION

Collection Date: ____/____/____
Collection Time: _____

Has patient received a bone marrow transplant? Yes No
If yes, date of bone marrow transplant _____ Percent engraftment _____

Note: For post-transplant patients, we accept pre-transplant samples or post-transplant skin fibroblasts **ONLY** (blood, saliva, and cytobrushes are not accepted). Culturing of skin fibroblasts is done at an additional charge.

BILLING INFORMATION

REFERRING INSTITUTION

Institution: _____
Address: _____ City/State/Zip: _____
Accounts Payable Contact Name: _____
Phone: _____ Fax: _____
Email: _____

* PLEASE NOTE:

- We do not third-party bill patient insurance.
- For international billing or other billing questions, please call the laboratory related to the test(s) of interest:
Genetics Lab Billers: 1-866-450-4198, Nephrology Lab: 513-636-4530, CBDI Lab: 513-636-4685

REFERRING PHYSICIAN

Physician Name (print): _____
Address: _____
Phone: (_____) _____ Fax: (_____) _____ Email: _____
Genetic Counselor/Lab Contact Name: _____
Phone: (_____) _____ Fax: (_____) _____ Email: _____
Date: ____/____/____

Referring Physician Signature

Medical Necessity Regulations: At the government's request, the Molecular Genetics Laboratories would like to remind all physicians that when ordering tests that will be paid under federal health care programs, including Medicare and Medicaid programs, that these programs will pay only for those tests the relevant program deems to be (1) included as covered services, (2) reasonable, (3) medically necessary for the treatment and diagnosis of the patient, and (4) not for screening purposes.

TEST(S) REQUESTED

TESTING PANELS

- TMA Profile aHUS/TTP** — Neph
(Includes C3, C4, Factor H, Factor I, Factor B, Factor H autoantibody, and ADAMTS13 activity)
 - 1 mL SER
 - 1 mL PPP[†] (no EDTA)
- TMA Complement Panel** — Neph
(Includes C3, C4, Factor H, Factor I, Factor B, Factor H autoantibody)
 - 1 mL SER
- Eculizumab Pharmacokinetic Panel** — Neph
(Includes Eculizumab level and CH50. For assessing complement activation and to assist in monitoring patients on eculizumab therapy)
 - 1 mL SER
- ADAMTS13 Activity (STAT available^{**})** — Neph
If ADAMTS13 Activity is <30%, ADAMTS13 Inhibition Assay is added. If the Inhibition test is >30%, ADAMTS13 Inhibitor Antibody test is added.
 - 1 mL SER
 - 1 mL PPP[†] (Li Hep/Cit plasma, no EDTA)
- Complement System Screen** — Neph
Test for the function of the complement system via Classical, Alternative and Lectin pathways
 - 0.5 mL serum (separate aliquot)

INDIVIDUAL TESTS

- Alternative Pathway Functional Assay** — Neph 0.5 mL SER
- ADAMTS13 Activity (STAT available^{**})** — Neph 1 mL PPP[†] (no EDTA)
- ADAMTS13 Inhibitor Ab Test** — Neph 1 mL SER
- C3a** — CBDI 0.5 mL EDTA P separate aliquot
- C5a** — CBDI 0.5 mL EDTA P separate aliquot
- CH50 Complement Total** — Neph 0.5 mL SER
- Complement Bb Level** — Neph
 indicate specimen: serum 0.5 mL SER / EDTA P
 plasma
- Eculizumab Level** — Neph 0.5 mL SER
- Factor B** — Neph 0.5 mL SER
- Factor H Auto-Ab** — Neph 0.5 mL SER
- Factor H** — Neph 0.5 mL SER
- Factor I** — Neph 0.5 mL SER
- Lectin Pathway Functional Assay** — Neph 0.5 mL SER
- SC5b-9 Level (MAC)** — CBDI 0.5 mL EDTA P separate aliquot

SER = serum P = plasma
 PPP[†] = platelet poor plasma; See page 3 for instructions.
 All serum, plasma, and PPP samples should be processed within 2 hours of collection, frozen, and shipped frozen on dry ice.

CELLULAR PROTEIN EXPRESSION

- CD46 Expression/Membrane Cofactor Protein (MCP)** — CBDI
by Flow Cytometry
 - 3 mL ACD A/B whole blood room temp.***Note: If ordered, sample must be sent by next-day shipping for Monday – Friday delivery only.**

GENETIC TESTING

- ADAMTS13 Full gene sequencing** — Genetics
 - 3 mL EDTA whole blood, room temp*
- aHUS Genetic Susceptibility Panel** — Genetics
(Includes sequence analysis of ADAMTS13, C3, C4BPA, CD46 (MCP), CD59, CFB, CFH, CFHR1, CFHR2, CFHR3, CFHR4, CFHR5, CFI, DGK, MMACHC, PLG, THBD and deletion/duplication analysis of CFHR1 and CFHR3 via MLPA. Also includes analysis of variants c.2653C>T and c.2654G>A in the C5 gene, which are associated with poor response to eculizumab.)
 - 3 mL EDTA whole blood, room temp*
- CFHR1/CFHR3 deletion analysis by MLPA
- Reflex to del/dup of ADAMTS13, C3, C4BPA, CD59, CFB, CFI, DGKE, PLG, and THBD
- Reflex to del/dup of single gene(s)[†] (Specify): _____

[†]Deletion/duplication analysis of C5, CD46 (MCP), CFH, CFHR2, CFHR4, CFHR5, and MMACHC is not available at this time

Each gene listed above is also available for order as an individual test

- 3 mL EDTA whole blood room temp*
 - Custom Gene Sequencing** — Genetics
 - Full Gene Sequencing for _____ gene
 - Targeted (family-specific) variant analysis for _____ gene
 Proband's name: _____
 Proband's DOB: _____
 Proband's variant: _____
- Please call 513-636-4474 to discuss any family specific mutation analysis with genetic counselor prior to shipment.

*Do not spin or freeze samples for Flow Cytometry or Genetic Testing. For post-transplant patients, we accept pre-transplant samples or post-transplant skin fibroblasts ONLY (blood, saliva, and cytobrushes are not accepted). Culturing of skin fibroblasts is done at an additional charge.

Cincinnati Children's Clinical Laboratories

For test inquiries please contact the lab listed next to each test name:

CBDI — Cancer and Blood Disease Institute: 513-636-4685

Neph — Nephrology: 513-636-4530

Genetics — Molecular Genetics: 513-636-4474

TMA TESTING INFORMATION SHEET

Test Name	Performing Lab	Specimen Requirements	TAT/ Days Performed	CPT Codes
ADAMTS13 Activity	Nephrology 513-636-4530	1 mL platelet poor plasma Na Cit/Li Hep only (no EDTA) — spun, separated, frozen; ship on dry ice. If you have STAT/critical requests for ADAMTS13 Activity, call 513-636-4530.	24 hours— available on weekends and holidays	85397
ADAMTS13 Antibody Quant	Nephrology 513-636-4530	1 mL red top serum spun, separated, frozen; ship on dry ice*	1 week	85320
ADAMTS13 Panel	Nephrology 513-636-4530	1 mL red top serum — spun, separated, frozen; ship on dry ice	24 hours	85397 +85335 +85320
Alternative Pathway Functional Assay	Nephrology 513-636-4530	0.5 ml serum-spun, separated, frozen within 2 hours of collection, ship on dry ice	1 week	86161
CH50	Nephrology 513-636-4530	0.5 mL red top serum — spun, separated, frozen within 2 hrs of collection; ship on dry ice	Monday, Wednesday, Friday	86162
Complement System Screen	Nephrology 513-636-4530	1.5 ml serum 3 aliquots — spun separated, frozen within 2 hours of collection, ship on dry ice	1 week	86161x2 +86162
Eculizumab Level	Nephrology 513-636-4530	0.5 mL red top serum — spun, separated, frozen within 2 hour of collection; ship on dry ice	Wednesday and Friday	80299
Factor B, Factor H, Factor I	Nephrology 513-636-4530	0.5 mL red top serum — spun, separated, frozen; ship on dry ice	3 days	86160
Factor H Auto-Antibody	Nephrology 513-636-4530	0.5 mL red top serum — spun, separated, frozen; ship on dry ice	Thursday	83516
Bb	Nephrology 513-636-4530	0.5 mL EDTA plasma — spun, separated, frozen within 2 hours of collection, separate aliquot each test; ship on dry ice	1 week	86160
Lectin Pathway Functional Assay	Nephrology 513-636-4530	0.5 mL EDTA plasma — spun, separated, frozen within 2 hours of collection, ship on dry ice	1 week	86161
Membrane Cofactor Protein (MCP)/CD46 by Flow	Cancer and Blood Disease Institute 513-636-4685	3mL ACD (A or B) whole blood — room temperature, MUST be delivered within 24 hours of collection Monday — Friday only	24 hours	86356x3
SC5b-9 (MAC Complex)	Cancer and Blood Disease Institute 513-803-3503	0.5 mL EDTA plasma — spun, separated, frozen within 2 hours of collection, separate aliquot each test; ship on dry ice	1 week	86160
C3a	Cancer and Blood Disease Institute 513-803-3503	0.5 mL EDTA plasma — spun, separated, frozen within 2 hours of collection, separate aliquot each test; ship on dry ice	2 weeks	86160
C5a	Cancer and Blood Disease Institute 513-803-3503	0.5 mL EDTA plasma — spun, separated, frozen within 2 hours of collection, separate aliquot each test; ship on dry ice	2 weeks	86160
ADAMTS13 Gene Sequencing	Molecular Genetics 513-636-4474	3mL EDTA — whole blood; room temperature*	28 days	81479
aHUS Genetic Susceptibility Panel	Molecular Genetics 513-636-4474	3 mL EDTA — whole blood- room temperature*	28–42 days	81443
Custom Gene Sequencing (full or targeted)	Molecular Genetics 513-636-4474	3 mL EDTA — whole blood- room temperature*	28 days	Call lab

DO NOT FREEZE SAMPLES FOR GENETIC or CD46 TESTING.

*Call for other acceptable specimen types. See page 2 for specimen preferences for genetic testing on post-BMT patients.