MAYO
Mayo Medical Laboratories
1-800-533-1710

NEW TEST ANNOUNCEMENT
NOTIFICATION DATE: August 20, 2012
EFFECTIVE DATE: August 28, 2012

ADAMTS13 Activity and Inhibitor Profile
Test ID: ADM13

USEFUL FOR: Assisting with the diagnosis of congenital or acquired thrombotic thrombocytopenic purpura (TTP).

PROFILE INFORMATION:

Test ID	Reporting Name	Available Separately	Always Performed
ADMFX	ADAMTS13 Activity Assay	No	Yes
ADMIN	ADAMTS13 Interpretation	No	Yes

REFLEX TESTS:

Test ID	Reporting Name	Available Separately	Always Performed
ADMIS	ADAMTS13 Inhibitor Screen	No	No
ADMBU	ADAMTS13 Bethesda Titer	No	No

TESTING ALGORITHM:

Testing begins with ADAMTS13 activity assay to evaluate the percent activity. If the ADAMTS13 activity is less than or equal to 30%, an inhibitor screen will be performed to look for specific ADAMTS13 inhibition. If specific inhibition is apparent, the titer of the inhibitor will be determined.

METHODOLOGY: ADMFX/61211: Fluorescence Resonance Energy Transfer (FRET)
ADMIS/61213: Mixing Studies
ADMBU/61214: Mixing Studies

REFERENCE VALUES: ADAMTS13 Activity Assay: > or =70%
ADAMTS13 Inhibitor Screen: Negative
ADAMTS13 Bethesda Titer: <0.4 BU (Bethesda Units)

SPECIMEN REQUIREMENTS:

Specimen Type: Platelet-poor plasma
Collection Container/Tube: Light-blue top (citrate)
Submission Container/Tube: Plastic vials
Specimen Volume: 2m L in 2 plastic vials each containing 1 mL

Collection Instructions:
1. Specimen must be drawn prior to plasma exchange or plasma replacement therapy.
2. Spin down, remove plasma, and spin plasma again.
3. Freeze specimens immediately at < or = -40 degrees C, if possible.
4. Send specimens in the same shipping container.

NOTE: Double-centrifuged specimen is critical for accurate results as platelet contamination may cause spurious results.

SPECIMEN STABILITY INFORMATION:

Specimen Type	Temperature	Time
Plasma Na Citrate	Frozen	14 days

CAUTIONS: Interferences of ADAMTS13 activity assay include high levels of endogenous VWF, hyperlipidemia, hemolysis with plasma free hemoglobin >2g/L, hyperbilirubinemia (bilirubin concentration >100 micromolar or 5.9 mg/dL), and cleavage by other protease.

Recent plasma exchange or transfusion may raise and falsely normalize ADAMTS13 levels, thus potentially masking the diagnosis of TTP.

FEE: Please contact your Regional Manager for your account's fee information.

CPT CODES: 85397 ADAMTS13 Activity Assay
85335 ADAMTS13 Inhibitor Screen Assay (if appropriate)
85335 ADAMTS13 Bethesda Titer (if appropriate)

DAY(S) SET UP: Monday through Sunday **ANALYTIC TIME**: 1 day

NOTE: The following referral test codes will become obsolete.

- ADAMTS13 Activity, ZW121, referral lab code 1298, Blood Center of WI
- ADAMTS13 Ab, ZW121, referral lab code 1299, Blood Center of WI
- ADAMTS13 Eval, FADAM, referral lab code 1295, Blood Center of WI
- ADAMTS13 Inhibitor, ZW121, referral lab code 1297, Blood Center of WI

QUESTIONS: Contact your Mayo Medical Laboratories' Regional Manager or
Kim J. Baker, MML Laboratory Technologist Resource Coordinator
Telephone: 800-533-1710