

**KasturbaHospitalBloodCentre**

MadhavNAgar,Manipal576104,Karnataka

**LabTestRequestForm**

**DiagnosticPanelforThromboticMicroangiopathy**

Tobefilledbytreatingclinician.

Patientdetails:

Name: Age: Gender:

Presentingcomplaints:

ProvisionalDiagnosis:

PastHistory:

FamilyHistory:

Treatment(Drug)history:

Acute/Chronic:

Historyofrelapse:

Signs&Symptoms:

Test	Value	Test	Value
Hb/HCT		aPTT	
Plateletcount		Fibrinogen	
Totalcount		DDimer	
Peripheralsmear		B.Urea	
PT		S.creatinine	
Sodium		Potassium	
SGOT/SGPT		Bilirubin(T/D)	
LDH			

Transfusionhistorywithcomponenttransfusedandlasttransfuseddate:

Samplecollectedon: Time:

Type:Plasma/SerumTestsrequired:

1. ADAMTS13 activity level(ADA001)
2. ADAMTS13 inhibitor levels(ADA002)
3. ComplementFactorHactivitylevels(COM049)
4. AntiFactorHlevels(ANT056)

Referringdoctor:

ReferringHospital:

Date:

Address:

Mr. Chethan  
Marketing Department  
3rd Floor, OPD Block  
Kasturba Hospital, Madhava Nagar  
Manipal - 576104  
Phone No: 0820-2922686  
Mob: 9964075231

Hospital account for fund transfer :

Name of Hospital Account - Kasturba Hospital  
Address - Madhav Nagar PB NO 7 Manipal  
Name of Bank - ICICI Bank  
Branch - Manipal  
Account Number - 007201018431  
IFSC Number - ICIC0000072