

Requisition: Complement and Thrombotic Microangiopathy (TMA) Investigations

Please contact cec.hsj@ssss.gouv.qc.ca for any questions or **urgent requests**.

All fields are mandatory. Requisitions submitted with missing information may lead to delays in testing.

PATIENT INFORMATION	
Last Name	
First Name	
Sex at Birth	☐ Female ☐ Male
Date of Birth (DD/MM/YYYY)	

Patient Sticker
(If available)

ORDERING CLINICIAN			
Last Name		Telephone	
First Name		Fax	
Clinic/Hospital Address		E-mail for secure reporting	
Copy to healthcare provider	Full name:	Fax or E-mail	
Signature of Ordering Physician:		Date (DD/MM/YYYY)	

TEST SELECTION	Please select test	
ADAMTS13 activity (2mL citrate plasma)	☐ Standard	☐ Rush
TTP investigation ADAMTS13 activity level +/- IgG anti-ADAMTS13	☐	
ADAMTS13 antigen (2mL citrate plasma)	☐	
Soluble C5b-9 (2mL EDTA plasma)	☐ Plasma	☐ Urine
Anti-CFH antibody (2mL EDTA plasma)	☐	
Anti complement drug (2mL EDTA plasma or 2mL urine) Must select one option and be aware of drug half-life	Eculizumab ☐ Plasma ☐ Urine	Ravulizumab ☐ Plasma ☐ Urine
Core Complement Panel: plasma C5b-9, anti-CFH antibody, CH50 (C100/CT) (2mL EDTA plasma, 2mL serum, red top) as recommended by https://ahusnetwork.ca/resources.php	☐	
Complement Factor I antigen (2mL EDTA plasma)	☐	
Ex-vivo C5b-9 deposition on endothelial cells (2mL serum - red top)	☐	
Other tests are available through the CEC as part of ongoing validations, please contact us for test-specific requisitions (Including: Complement genetic panel, quantification of activation fragments)		

Suspected Etiology		Patient Status											
☐ Thrombotic thrombocytopenic purpura (TTP) ☐ Atypical hemolytic uremic syndrome (aHUS) ☐ Complement-mediated TMA (CM-TMA) ☐ Other: _____ _____	<i>Please share the <u>PLASMIC</u> score:</i> _____ <i><u>OR</u> ADAMTS13 activity result:</i> _____	☐ Acute / initial presentation ☐ Active Monitoring / follow-up ☐ Relapse / risk of relapse ☐ Remission monitoring ☐ Other: _____											
CURRENT LABORATORY INVESTIGATIONS / RESULTS		CLINICAL PRESENTATION(S)											
Renal insufficiency Urea (mmol/L): _____ ☐ Yes ☐ No Creatinine (µmol/L): _____ Proteinuria : _____	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; padding: 5px;">☐ Fever</td> <td style="width: 50%; padding: 5px;">☐ HTA</td> </tr> <tr> <td style="padding: 5px;">☐ Neurological symptoms : _____</td> <td style="padding: 5px;">☐ Liver involvement</td> </tr> <tr> <td style="padding: 5px;">☐ Diarrhea</td> <td style="padding: 5px;">☐ Troponin positive</td> </tr> <tr> <td colspan="2" style="padding: 5px;">☐ Cardiac failure : _____</td> </tr> <tr> <td colspan="2" style="padding: 5px;">☐ Pulmonary symptoms : _____</td> </tr> </table>			☐ Fever	☐ HTA	☐ Neurological symptoms : _____	☐ Liver involvement	☐ Diarrhea	☐ Troponin positive	☐ Cardiac failure : _____		☐ Pulmonary symptoms : _____	
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☐ Neurological symptoms : _____	☐ Liver involvement												
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☐ Cardiac failure : _____													
☐ Pulmonary symptoms : _____													
Hemolytic anemia Hemoglobin (g/dL): _____ ☐ Yes ☐ No Haptoglobin (g/L): _____ LDH (UI/mL): _____ Schistocytes : _____	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr style="background-color: black; color: white;"> <th colspan="2" style="text-align: left; padding: 5px;">TREATMENT(S)</th> </tr> <tr> <td style="width: 50%; padding: 5px;">☐ None</td> <td style="width: 50%; padding: 5px;">☐ Corticoids (Date: _____)</td> </tr> <tr> <td style="padding: 5px;">Plasma ☐ Infusion ☐ Exchange</td> <td style="padding: 5px;">Date: _____</td> </tr> <tr> <td style="padding: 5px;"> ☐ Eculizumab ☐ Ravulizumab ☐ Rituximab ☐ Caplacizumab ☐ Others : _____ </td> <td style="padding: 5px;">Infusion date: _____</td> </tr> <tr> <td style="padding: 5px;">Other: _____</td> <td style="padding: 5px;">Date: _____</td> </tr> </table>			TREATMENT(S)		☐ None	☐ Corticoids (Date: _____)	Plasma ☐ Infusion ☐ Exchange	Date: _____	☐ Eculizumab ☐ Ravulizumab ☐ Rituximab ☐ Caplacizumab ☐ Others : _____	Infusion date: _____	Other: _____	Date: _____
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Thrombopenia ☐ Platelets (10 ⁹ /L): _____ Yes ☐ No													
Complement biomarkers (provide unit) ☐ Yes ☐ No CH50 and/or AH50 level: _____ C3 level: _____ C4 level: _____													
RELEVANT CLINICAL CONTEXT - Possible Secondary Cause(s) of TMA													
☐ Pregnancy term or WA : _____ ☐ Malignant hypertension ☐ Infection induced ((<i>STEC</i> , <i>s. pneumoniae</i> , <i>viral</i>)) ☐ Post-partum ☐ Auto-immune disease : _____ ☐ Cancer : _____ ☐ Glomerular disease ☐ Transplant : _____ ☐ Drug-induced : _____ ☐ Family History : _____													

IMPORTANT ORDERING INFORMATION	
Collection and Shipping As of October 2026, sample coordination for requested from outside Quebec can be organized through In Common Laboratories: https://iclabs.ca/	Contact Us Complement Expert Centre CHUSJ, Laboratoire d'hémostase 3175 Côte Sainte-Catherine, Montréal, Quebec H3T 1C5 cec.hsj@ssss.gouv.qc.ca 514-345-4931 #5681