## aHUS Clinical and Diagnostic Check List

Patient Name: DOB:		
NHS Number:		
Initiating trigger  Non-shiga toxin diarrhoea Respiratory tract infections Other infection Malignancy Bone marrow transplantation New medication (see list) detail	Extra-renal manifestations  Neurological involvement Pancreatic Involvement Ocular involvement Digital gangrene Other	
Family member also affected	The patient is on Haemodialysis	
Pregnancy associated	□ Plasma Exchange	
Date of Presentation :		
Full Clinical History (must be comple	eted)	
Blood pressure at presentation:		
	logrel ; Quinine; Interferon α,β; Anti-vascular endothelial grow kacin; Oral contraceptives Illicit drugs [e.g. cocaine, heroin, c	
•	ent is eligible for treatment under NHS England	
Name of Consultant		
Phone contact of Consultant  E-mail address of Consultant		
L-man audi 633 of Consultant		

## Results of investigations confirming a thrombotic microangiopathy and AKI

Test	Date	Result
Haemoglobin		
Platelet count		
Blood film		
LDH		
Haptoglobins		
Activated partial thromboplastin		
time		
Prothrombin time		
Fibrinogen		
Direct antiglobulin test		
Current creatinine		
Creatinine prior to disease		
(if available)		
Urinalysis		
Renal ultrasound		
Renal biopsy		

## Results of investigations confirming a diagnosis of aHUS

<b>Differential Diagnosis</b>	Test	Date Sent	Result
TTP	ADAMTS13 activity		
STEC HUS	Stool culture/rectal swab		
STEC HUS	E.coli endotoxin antibodies		
	(IgM)*		
STEC HUS	PCR for STEC virulence		
	genes in stool*		
Malignant	Echocardiogram		
hypertension			
Malignant	ECG		
hypertension			
Pneumococcal HUS	T antigen		
Pneumococcal HUS	Urinary Antigen		
APL Antibody	APL antibody		
syndrome	,		
SLE	DsDNA		
HIV	HIV test		
Viral Triggers	H1N1 serology		
	CMV/EBV PCR		
Plasma cell dyscrasias	Serum/Urine electrophoresis		
¥	Serum Free light chains		
Pregnancy	Pregnancy test		
Scleroderma	ANA		
Scleroderma	Anticentromere antibodies		
Scleroderma	Anti-acl-70		
Cobalamin C disease	Plasma homocysteine levels		
∞			
Cobalamin C disease	Plasma and urine		
∞	methylmalonic acid levels		
aHUS	C3		
aHUS	C4		
aHUS	FH		
aHUS	FI		
aHUS	CD46		
aHUS	CH50		
aHUS	Complement genetics		
aHUS	Factor H autoantibodies		

The results of all these need not be back before you send this form but the result of the ADAMTS13 activity must be available. Outstanding results must be reported to the National aHUS centre when available.

\*Ask your microbiology laboratory to send serum and stool samples to the Gastrointestinal Infections Reference Unit at Colindale for these two investigations. Investigation for STEC-HUS should be routine in all patients with presumed aHUS as ~5% of STEC-HUS has no prodromal diarrhea while 30% of complement-mediated aHUS does have concurrent diarrhea or gastroenteritis

¥ Investigation for plasma cell dyscrasias is warranted in individuals with autoantibodies as a monoclonal gammopathy has been reported in these patients

∞ Adult-onset cobalamin C-related HUS has been reported and should be looked for in all patients without an obvious precipitant

Medication List					