



### 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

Differential Diagnosis	Test	Date Sent	Result
TTP	ADAMTS13 activity		
STEC HUS	Stool culture/rectal swab		
STEC HUS	<i>E.coli</i> endotoxin antibodies (IgM)*		
STEC HUS	PCR for STEC virulence genes in stool*		
Malignant hypertension	Echocardiogram		
Malignant hypertension	ECG		
Pneumococcal HUS	T antigen		
Pneumococcal HUS	Urinary Antigen		
APL Antibody syndrome	APL antibody		
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**

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