ATTENTION: Filling of shaded zones is required

CHU Sainte-Justine
Le centre hospitalier universitaire mère-enfant
Université de Montréal

FUNCTIONAL C1 ESTERASE INHIBITOR ASSAY (C1 INHIBITOR)

FUNCTIONAL C1 ESTERASE INHIBITOR ASSAY (C1 INHIBITOR)

3175, Côte Sainte-Catherine, Montréal, QC, H3T 1C5, 514-345-4931 ext. 5681

Requesting Institution/Unit : _____

Address: Civic number _____ Street _____

Municipality _____ Country/Prov. _____

Postal code _____

Phone: _____ FAX: _____

Requesting Physician : _____

Drawing date: _____ **Time:** _____

Date: Year/ Month/ Day

Performed by: _____

Patient Information

Last Name, First Name

Gender : F ☐ M ☐

Healt care Institution (specify)
Medicare card # / Health facility file #

D.O.B. :
or
Stamp the patient's Health Care Institution card

CLINICAL INFORMATION SHEET TO ACCOMPAGNY SPECIMENS

Answers are mandatory

SUSPECTED PATHOLOGY:

☐ Angioedema

Date of last angioedema episode: _____

Year/ Month/ Day

ASSOCIATED CONDITIONS :

☐ Pregnancy Weeks of preg._____ ☐ Cancer ☐ Infection ☐ Family history
☐ Contraceptive

CLINICAL MANIFESTATIONS DURING ACUTE PHASE :

☐ Lingual or laryngeal oedema ☐ Skin rash ☐ Fatigue
☐ Mucous membrane oedema ☐ Abdominal cramps
☐ Skin oedema ☐ Muscle pain

COMPLEMENT :

C4: _____ g/L

TREATMENT :

Date of last injection of C1 inhibitor concentrates : _____

Year/ Month/ Day

UNITS / Kg BW of C1 inhibitor concentrate given : _____

BLOOD DRAWING, PROCESSING AND DELIVERY PRECEDURES

- Draw venous blood in a citrate tube 3,2% of 4,5 ml. If possible, before any treatment.

→ **N.B. DO NOT KEEP BLOOD OR PLASMA AT 4°C**

- Centrifuge the sample at 2500g or more for 10 minutes, between 18 to 25°C
- Decant plasma aliquots (at least 3), minimum 500µL each
- **All aliquots must be properly identified (First name, family name, date of birth, date and time of drawing)**
- Freeze plasma aliquots at -20°C or lower, as soon as possible.
- **All aliquots must be accompanied by this form (F-2405)**
- **Forward aliquots on dry ice to following address:**

Information: 514 345-4931 #7170

CHU Sainte-Justine
Haemostasis Laboratory, Room 2610, C/O Anik Cormier
3175, Côte Sainte-Catherine
Montreal, QC, H3T 1C5

Provide the following information on packages

- Complete lab address
- Hospital and originating lab (you)
- Number of samples enclosed
- Insert all F-2405 forms in a Ziploc bag separate from the diagnostic samples