MAYO CLINIC LABORATORIES

NEW TEST

Notification Date: December 9, 2025
Effective Date: December 9, 2025

ADAMTS 13 Antibody, Plasma

Test ID: ADMAB

Useful for:
Assisting with the diagnosis and monitoring of congenital, immune, or acquired thrombotic thrombocytopenic purpura.

Methods:
Enzyme-Linked Immunosorbent Assay (ELISA)

Reference Values:
Negative: <12 U/mL
Borderline positive: 12-15 U/mL
Positive: >15 U/mL

Specimen Requirements:

Collection Container/Tube:	Light-blue top (3.2% sodium citrate)
Submission Container/Tube:	Polypropylene plastic vial
Specimen Volume:	1 mL plasma
Collection Instructions:	1. Specimen must be collected prior to replacement therapy. 2. For complete instructions, see Coagulation Guidelines for Specimen Handling and Processing. 3. Centrifuge, transfer all plasma into a plastic vial, and centrifuge plasma again. 4. Aliquot plasma into a separate plastic vial, leaving 0.25 mL in the bottom of the centrifuged vial. 5. Freeze plasma immediately (no longer than 4 hours after collection) at -20 degrees C or, ideally, below -40 degrees C. 6. Specimen Stability Information: Frozen 21 months.
Minimum Volume:	1 mL

Note:
1. Double-centrifuged specimen is critical for accurate results.
2. Each coagulation assay requested should have its own vial.

Specimen Stability Information:

Specimen Type	Temperature	Time
Plasma Na Cit	Frozen	

Cautions:

Interferences of the ADAMTS13 antibody assay include high levels of hyperlipidemia. Lipemia can result in inconsistent to falsely elevated ADAMTS13 antibody U/mL, resulting in variable to false-positive test results using this methodology.

Recent treatment for thrombotic thrombocytopenic purpura (TTP) may reduce antibody levels; submission for testing prior to treatment is recommended.

Samples with high concentrations other than anti-ADAMTS13 autoantibodies may result in weak-positive or borderline-positive results.

Not all patients with a clinical diagnosis of TTP have a severe ADAMTS13 deficiency. Conversely, patients with other non-TTP conditions may have a moderate to severe ADAMTS13 deficiency (< or =10%). These conditions include hemolytic uremic syndrome, hematopoietic stem cell and solid organ transplantation, liver disease, disseminated intravascular coagulation, sepsis, pregnancy, and certain medication. Therefore, TTP remains a clinical diagnosis.

The impact of ADAMTS13 levels and presence of inhibitors on overall survival, ultimate clinical outcome, responsiveness to plasma exchange, and relapse are still controversial. Therefore, clinical correlation is recommended.

CPT Code:

83520

Day(s) Performed: Varies

Report Available: 7 to 15 days

Questions

Contact Bonnie Meyers, Laboratory Resource Coordinator at 800-533-1710.