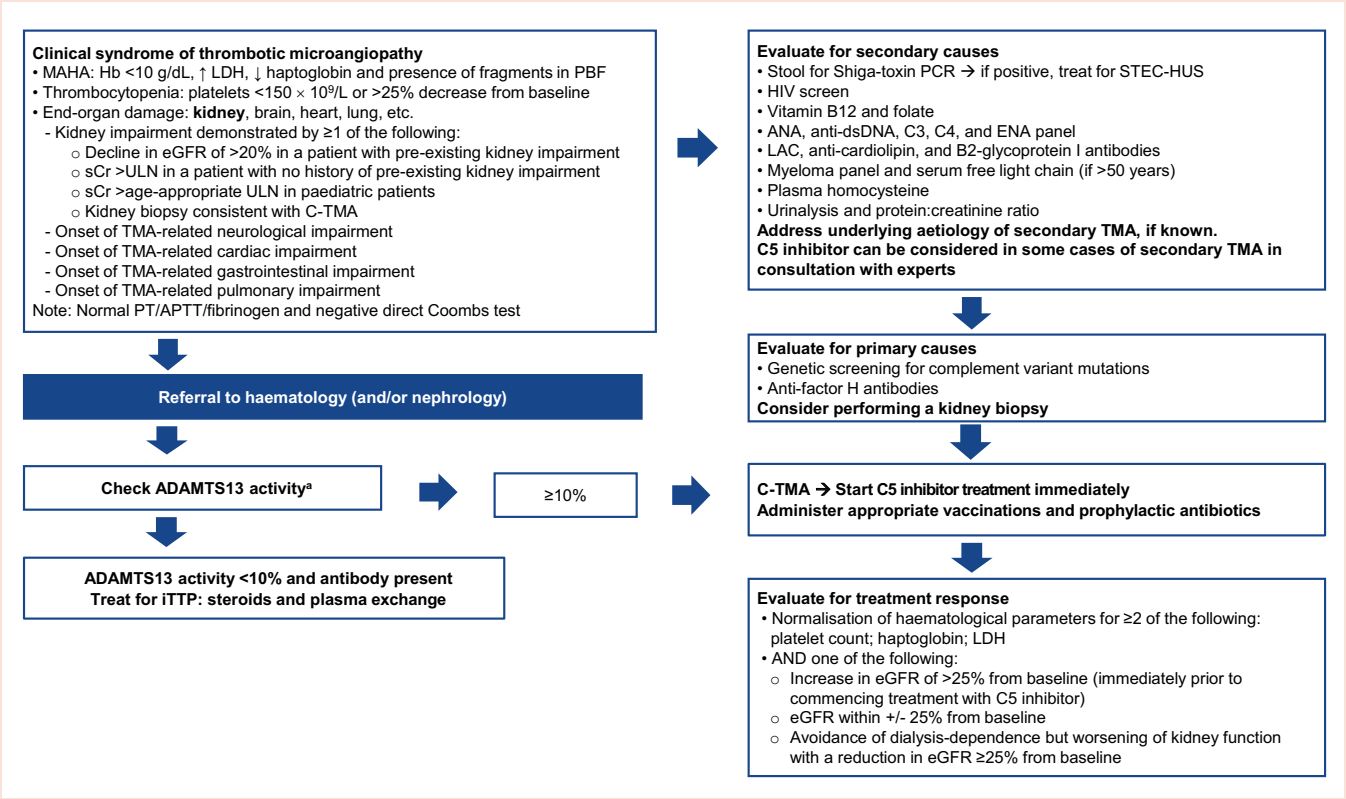
Fig. 1. Workflow for suspected C-TMA.



ADAMTS13: A Disintegrin and Metalloproteinase with Thrombospondin type 1 motif, member 13; ANA: antinuclear antibodies; APTT: activated partial thromboplastin time; C3: complement component 3; C4: complement component 4; C5: complement component 5; C-TMA: complement-mediated TMA; dsDNA: double-stranded DNA; eGFR: estimated glomerular filtration rate; ENA: extractable nuclear antigens; Hb: haemoglobin; HIV: human immunodeficiency virus; iTTP: immune thrombotic thrombocytopenic purpura; LAC: lupus anticoagulant; LDH: lactate dehydrogenase; MAHA: microangiopathic haemolytic anaemia; PBF: peripheral blood film; PCR: polymerase chain reaction; PT: prothrombin time; sCr: serum creatinine; STEC-HUS: Shiga toxin-producing *Escherichia coli* haemolytic-uraemic syndrome; TMA: thrombotic microangiopathy; ULN: upper limit of normal

[a] Paediatric cases: iTTP is very rare in children. Treatment for C-TMA can start before the results of tests to rule out iTTP become available.[40]
Note: The workflow is based on expert opinion and has been adapted from existing consensus guidance[10,40] for applicability in Singapore.