

## Step 1

Document the following clinical information to assist in phenotyping:

- Kidney function
- Blood biochemistry
- Haematological parameters
- Complement studies
- ADAMTS13 % activity
- Urine analysis
- Kidney biopsy
- Family history of kidney disease, including kidney phenotype

**For patients with a positive family history:**

If a family member has had genetic testing and a disease-causing variant has been identified:

- Do not proceed to genomic testing
- Refer to Genetic Health Queensland to discuss targeted confirmatory genetic testing.

**Consider genomic testing if there are any of the following indications for testing:**

- Diagnostic uncertainty
- Guiding Eculizumab therapy
- Genotype-specific management
- Family planning
- Risk clarification for family
- Transplant planning (particularly if donor is a blood relative)

## Step 2

The following pathway guides genomic testing based on suspected clinical diagnosis. Key clinical features for each diagnosis are listed.

### Atypical Haemolytic Uraemic Syndrome

- Thrombotic microangiopathy/ microangiopathic haemolytic anaemia
- ADAMTS13 % activity normal
- Acute, multisystem, catastrophic, impact on kidneys > neurological
- Often associated with a trigger or complement amplifying event

### Congenital Thrombotic Thrombocytopenic Purpura (Upshaw-Schulman syndrome)

- Thrombotic microangiopathy/ microangiopathic haemolytic anaemia
- ADAMTS13 % activity low
- Acute, multisystem, impact on neurological > kidney

### C3 Glomerulopathy

- Chronic with acute flares
- Membranoproliferative glomerulonephritis phenotype

### CFHR5-nephropathy

- Chronic with acute flares
- Can behave in a synpharyngitic manner
- Can have membranoproliferative glomerulonephritis phenotype
- Greek-Cypriot background predominance

### Request 'Atypical Haemolytic Uraemic Syndrome\_MPGN' panel

Although the same genomic test is requested for these diseases, detailed phenotype information is crucial for analysing and interpreting the genomic test.