

Patient ID SA00145109	Patient Name SAMPLEREPORT, TESTINGPATIENT	Birth Date 1987-12-28	Gender F	Age 33
Order Number SA00145109	Client Order Number SA00145109	Ordering Physician CLIENT,CLIENT	Report Notes	
Account Information C7028846 DLMP Rochester		Collected 22 Jun 2021 00:00		

Thrombophilia Prof

Thrombophilia Interpretation

Reviewed by

KATHLEEN MEYERS

MCR

Thrombophilia Interpretation

MCR

IMPRESSION: 1) No identifiable congenital or acquired thrombotic diathesis (thrombophilia) within limitations of current test repertoire. 2) If indicated, for additional thrombophilia assessment, consider testing for anticardiolipin and/or anti-beta 2 glycoprotein I antibodies (IgG and IgM isotypes) and plasma homocysteine.

COMMENTS: No evidence of resistance to activated protein C (APC). Therefore, DNA-based testing for the factor V Leiden (R506Q) was not performed. No evidence of lupus anticoagulant (LAC), dysfibrinogenemia, or intravascular coagulation and fibrinolysis (DIC/ICF). Normal or elevated antithrombin, protein C, or protein S. The patient does not have the prothrombin G20210A mutation.

Result Name	Value	Unit	Reference Value	Performing Site
Prothrombin Time (PT), P	11.9	sec	9.4–12.5	MCR
INR	1.1		0.9–1.1	MCR

ADDITIONAL INFORMATION

Standard intensity warfarin therapeutic range: 2.0 to 3.0 High intensity warfarin therapeutic range: 2.5 to 3.5

Result Name	Value	Unit	Reference Value	Performing Site
Activated Partial Thrombopl Time, P	36	sec	25–37	MCR

Dilute Russells Viper Venom Time, P

Result Name	Value	Unit	Reference Value	Performing Site
DRVVT Screen Ratio	1.00	ratio	<1.20	MCR

Performing Site Legend

Code	Laboratory	Address	Lab Director	CLIA Certificate
MCR	Mayo Clinic Laboratories - Rochester Main Campus	200 First Street SW, Rochester, MN 55905	William G. Morice M.D. Ph.D	24D0404292

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Result Name	Value	Unit	Reference Value	Performing Site
Thrombin Time (Bovine), P	21.5	sec	15.8–24.9	MCR
Fibrinogen, Clauss, P	250	mg/dL	200–500	① MCR
D-Dimer, P	250	ng/mL FEU	≤500	MCR
ADDITIONAL INFORMATION				
D-dimer values less than or equal to 500 ng/mL fibrinogen equivalent units (FEU) may be used in conjunction with clinical pre-test probability to exclude deep vein thrombosis (DVT) and/or pulmonary embolism (PE).				
Antithrombin Activity, P	80	%	80–130	① MCR
Protein C Activity, P	70	%	70–150	① MCR
Protein S Ag, Free, P	100	%	50–160	① MCR

Activated Protein Resistance V, P

Result Name	Value	Unit	Reference Value	Performing Site
APCRV Ratio	3.0		≥2.3	MCR

Result Name	Value	Unit	Reference Value	Performing Site
Prothrombin G20210A Mutation, B	Negative		Negative	MCR

PTNT Interpretation

② MCR

This individual DOES NOT have the Prothrombin F2 c.*97G>A (legacy numbering G20210A) variant. Although the Prothrombin (F2 c.*97G>A) variant is absent, this individual may have other genetic and environmental risk factors for thrombosis. If indicated, consider genetic consultation and counseling for this individual and potentially affected family members regarding laboratory testing.

ADDITIONAL INFORMATION

This test uses TaqMan Genotyping chemistry to amplify and detect specific single nucleotide polymorphisms in purified genomic DNA.

DISCLAIMER

Patients receiving allogenic stem cell transplants prior to having blood drawn for DNA based testing may have false normal or abnormal results depending on the genotype of the stem cell donor.

PTNT Reviewed By

KATHLEEN MEYERS

MCR

Received: 22 Jun 2021 12:26

Reported: 22 Jun 2021 12:43

Laboratory Notes

- This test has been modified from the manufacturer's instructions. Its performance characteristics were determined by Mayo Clinic in a manner consistent with CLIA requirements. This test has not been cleared or approved by the U.S. Food and Drug Administration.
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