MAYO CLINIC
Mayo Medical Laboratories

Laboratory Service Report 1-800-533-1710

Patient Name	Patient ID	Age	Gender	Order #
TESTING,551				W2748284
Ordering Phys		**DOB**		
Client Order # W2748284	**Account Information** C7999998-STUSTEST 200 FIRST STREET SW ROCHESTER, MN 55901 (507)266-5730	**Report Notes**		
Collected 09/27/2009				
Printed 10/29/2009 09:11				

Test	Flag	Results	Unit	Reference Value	Perform Site*
Coag Consult, Bleeding Diathesis, P			REPORTED 09/28/2009 10:35		
Prothrombin Time (PT), P		8.6	s	8.3-10.8	MCR
INR		1.0		0.9-1.2	MCR
PT Mix 1:1			s		MCR
Reflexed test not required					
Activated Partial Thrombopl Time, B		21	s		MCR
-- REFERENCE VALUE -- The normal full-term newborn APTT may be up to 35% longer than in adults and even longer (up to twice the adult upper limit) in healthy premature infants. Typically, the APTT is in the adult reference range by age 3 months in healthy full-term infants and by age 6 months in healthy premature infants (30-60 weeks' gestation.) 21-33 (>3-6 mo)					
APTT Mix 1:1			s		MCR
Reflexed test not required					
Platelet Neutralization Procedure					MCR
Reflexed test not required					
Dilute Russells Viper Venom Time, P					
DRVVT Screen Ratio		0.9	ratio		MCR
-- REFERENCE VALUE -- Normal ranges for children: Not clearly established, but similar to normal ranges for adults, except for newborn infants whose results may not reach adult values until 3-6 months of age. <1.2 (Adults)					
DRVVT Mix and Confirmation					
DRVVT Mix Ratio			ratio		MCR
Reflexed test not required -- REFERENCE VALUE -- Normal ranges for children: Not clearly established, but similar to normal ranges for adults, except for newborn infants whose results may not					

Performing Site Legend on Last Page of Report

* Report times for Mayo performed tests are CST/CDT

Patient Name	Patient ID	Age	Gender	Order #
TESTING,551				W2748284
Ordering Phys		**DOB**		
Client Order # W2748284	**Account Information** C7999998-STUSTEST 200 FIRST STREET SW ROCHESTER, MN 55901 (507)266-5730	**Report Notes**		
Collected 09/27/2009				
Printed 10/29/2009 09:11				

Test	Flag	Results	Unit	Reference Value	Perform Site*
reach adult values until 3-6 months of age.					
<1.2 (Adults)					
D-Dimer, P	H	300	ng/mL	<=250	MCR
Fibrinogen, P		298	mg/dL		MCR
-- REFERENCE VALUE -- In normal full-term newborns and in healthy premature infants (30-36 weeks gestation) fibrinogen is near adult levels (>150) and reaches adult levels by < or = 21 days. ?A?C?C?C?C?C?C?C?C?C?C?C?C?C? postnatal. ?A200-375 (Adult males) ?A200-430 (Adult females)					
Thrombin Time (Bovine), P		19	s	16-25	MCR
Reptilase Time, P			s	16-22	MCR
Reflexed test not required					
Coag Factor VIII Activity Assay, P		185	%		MCR
-- REFERENCE VALUE -- Normal full-term newborn infants or healthy premature infants usually have normal or elevated factor VIII. (Literature derived)					
55-205 (Adults)					
von Willebrand Factor Ag, P		156	%		MCR
-- REFERENCE VALUE -- 55-200 (Adult) Neonates, infants, and children have normal plasma vWF antigen (neonates may have increased vWF antigen) with respect to the adult reference range.					
Ristocetin Cofactor, P		170	%		MCR
-- REFERENCE VALUE -- 55-200 (Adults) Normal, full-term newborn infants or healthy premature infants usually have levels in the adult range.					
Factor XIII(13),Scrn		Normal			MCR

Performing Site Legend on Last Page of Report

MAYO CLINIC
Mayo Medical Laboratories

Laboratory Service Report 1-800-533-1710

Patient Name	Patient ID	Age	Gender	Order #
TESTING,551				W2748284
Ordering Phys		**DOB**		
Client Order # W2748284	**Account Information** C7999998-STUSTEST 200 FIRST STREET SW ROCHESTER, MN 55901 (507)266-5730	**Report Notes**		
Collected 09/27/2009				
Printed 10/29/2009 09:11				

Test	Flag	Results	Unit	Reference Value	Perform Site*
Special Coagulation Interpretation					
Interpretation					MCR

IMPRESSION: 1) Elevated D-dimer; see comments. 2) No evidence of von Willebrand disease (VWD).

COMMENTS: Elevated fibrin D-dimer as can occur in association with recent bleeding, surgery or thromboembolism, hypercoagulable state, liver disease, clinical intravascular coagulation and fibrinolysis (ICF/DIC), etc.

The normal results for von Willebrand factor (VWF) antigen and ristocetin cofactor activity and factor VIII provide no evidence for von Willebrand disease (VWD).

There is no evidence for dysfibrinogenemia or hypofibrinogenemia.

The factor XIII screening assay is normal.

Reviewed by: C. C. Hook, M.D MCR

* Performing Site:

MCR	Mayo Clinic Dpt of Lab Med & Pathology 200 First St SW Rochester, MN 55905	Lab Director: Franklin R. Cockerill, III, M.D.