

Laboratory Service Report

1-800-533-1710

Patient Name SAMPLEREPORT,FRVVT	Patient ID SA00051310	Age 42	Gender M	Order # SA00051310	
Ordering Phys CLIENT,CLIENT		·		DOB 11/09/1970	
Client Order # SA00051310	Account Information			Report Notes	
Collected 11/27/2012 13:00		C7028846-DLMP ROCHESTER 3050 SUPERIOR DRIVE			
Printed 11/28/2012 13:50	ROCHESTER,MN 559	901			

Test	Flag	Results	Unit	Reference Value	Perform Site*
DRVVT Screen Seconds	Н	55.1	REPORTED 11/ sec	28/2012 08:48 <55.1	Y03 5
DRVVT Confirm Seconds		42.0	sec		Y03 5
DRVVT Ratio	Н	1.3	ratio	<1.3	Y03

DRVVT Ratio may be factitiously elevated when patient is on anti-vitamin K therapy. Esoterix Coagulation recommends performing additional confirmatory tests prior to diagnosing or repeating DRVVT when patient is off anti-vitamin K therapy.

* Performing Site:

	<u> </u>		
Y035	Esoterix Coagulation 8490 Upland Dr. Suite 100 Englewood, CO 80112	Lab Director:	

Patient Name SAMPLEREPORT.FRVVT	Collection Date and Time 11/27/2012 13:00	Report Status Final
Page 1 of 1	** Reprinted **	** End of Report **
i age i oi i	Replinted	Liid oi Nepoit