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PATIENT REPORT

Patient Age/Sex: 57 years Female

Specimen Collected: 21-Nov-23 15:26

Lupus Anticoagulant Reflex Panel | **Received: 21-Nov-23 15:26** **Report/Verified: 21-Nov-23 15:35**

Procedure	Result	Units	Reference Interval
Prothrombin Time (PT)	14.0	s	[12.0-15.5]
PTT-LA Ratio	2.44 H		[<=1.20]
dRVVT Screen Ratio	2.44 H		[<=1.20]
Anti-Xa Qualitative Interpretation	Present		[Not Present]
Thrombin Time (TT)	19.5	s	[<=19.5]
Anticoagulant Medication Neutralization	DOAC-Stop		[Not Performed]
Neutralized PTT-LA Ratio	1.57 H		[<=1.20]
Neutralized dRVVT Screen Ratio	1.71 H		[<=1.20]
dRVVT 1:1 Mix Ratio	1.63 H		[<=1.20]
dRVVT Confirmation Ratio	1.32 H		[<=1.20]
Hexagonal Phospholipid Confirmation	10.6 H	s	[<=7.9]
Lupus Anticoagulant, Interpretation	See Note f1 i1		

Result Footnote

f1: Lupus Anticoagulant, Interpretation

Lupus anticoagulant detected in a sample treated to remove anticoagulant medications.

This panel detected evidence for an anticoagulant medication (heparin, direct thrombin inhibitor, or direct Xa inhibitor) and drug neutralization was performed. Presence of these anticoagulant medications in concentrations exceeding the capacity of the neutralizing reagent, or presence of warfarin effect, may still result in interference in lupus anticoagulant assays. Lupus anticoagulant testing is optimally performed in the absence of anticoagulant medications to avoid erroneous results (J Thromb Haemost. 2020; 18:1569-1575).

Testing on two or more occasions at least 12 weeks apart is recommended to confirm persistently positive results (J Thromb Haemost. 2020; 18:2828-2839). Lupus anticoagulant testing is best performed when the patient is not acutely ill and not anticoagulated since acute inflammation or high concentrations of anticoagulant medications may lead to erroneous results. Consider testing for cardiolipin and beta-2 glycoprotein 1 antibodies (IgG and IgM) if this testing has not already been performed.

Current guidelines vary regarding use of mixing studies for lupus anticoagulant identification. The interpretation of "lupus anticoagulant detected" was generated due to a prolonged aPTT and/or DRVVT that demonstrated phospholipid dependence in the confirmatory assay(s). Multiple or severe factor deficiencies (including warfarin therapy) and specific factor inhibitors may result in false positive results in lupus anticoagulant assays. If clinically indicated, consider performing factor assays and/or specific factor inhibitor assays for further evaluation.

Test Information

i1: Lupus Anticoagulant, Interpretation

INTERPRETIVE INFORMATION: Lupus Anticoagulant Reflex Panel

This test was developed and its performance characteristics determined by ARUP Laboratories. It has not been cleared or approved by the U.S. Food and Drug

*=Abnormal, #=Corrected, C=Critical, f=Result Footnote, H-High, i-Test Information, L-Low, t-Interpretive Text, @=Performing lab

Test Information

i1: Lupus Anticoagulant, Interpretation
Administration. This test was performed in a CLIA-certified laboratory and is intended for clinical purposes.

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