COAGULATION TEST NAMES REFERENCE GUIDE

Factor X activity, Chromogenic or Anti-Xa heparin assay?

Coagulation Factor X Chromogenic Activity Assay (Done at Ridgeview) LABCHFCX

Monitoring warfarin anticoagulant therapy, especially in patients whose plasma contains lupus anticoagulants that interfere with baseline prothrombin time/INRs and in patients receiving Argatroban who are being transitioned to warfarin.

Factor X activity assay (Send out, rarely ordered) LAB2617

Mayo Code: F_10

- Diagnosing deficiency of coagulation factor X, congenital or acquired
- Evaluating hemostatic function in liver disease
- Investigation of prolonged prothrombin time or activated partial thromboplastin time.

Heparin anti-Xa assay (Ordered often, done at Ridgeview) LABHEPXA

- **Direct measurement of Unfractionated heparin concentration**
- Allows patients to reach a therapeutic range more rapidly.
- No interferences from Lupus anticoagulant or other factor deficiencies as were found with aPTT measurements.

Heparin anti-Xa assay (Send out) LABHEPTP

Mayo Code: HEPTP

Useful for measuring heparin concentration:

- **In patients treated with low molecular weight heparin preparations**
- In presence of prolonged baseline activated partial thromboplastin time (APTT) (eg, lupus anticoagulant, "contact factor" deficiency, etc.)
- When unfractionated heparin dose needed to achieve desired APTT prolongation is unexpectedly higher (>50%) than expected

Which Factor V assay do I need?

Factor V Leiden Mutation test (Send out, ordered often) LAB4314

Mayo Code: F5DNA

- Patients with clinically suspected thrombophilia and:
    - 1. Activated protein C (APC)-resistance either proven or suspected by a low or borderline APC-resistance ratio
    - 2. A family history of factor V Leiden
- This assay will only detect the *F5* c.1601G>A; p.Arg534Gln (rs6025) variant associated with factor V Leiden thrombophilia. To detect other pathogenic alterations in the *F5* gene of a

patient with a laboratory diagnosis of coagulation factor V deficiency, order F5NGS / *F5* Gene Next Generation Sequencing, Varies.

- This assay will not detect alterations in individuals with activated protein C (APC)-resistance caused by mechanisms other than the *F5*:c.1601G>A, p.Arg534Gln variant. Coagulation-based activated protein C (APC)-resistance ratio (mixing with factor V-deficient plasma) is recommended as the initial screening assay for APC-resistance. Depending on the assay system, the APC-resistance ratio may be indeterminate for patients with a lupus anticoagulant or extremely high heparin levels. For more information, see APCRV / Activated Protein C Resistance V (APCRV), Plasma or APCRR / Activated Protein C Resistance V (APCRV), with Reflex to Factor V Leiden, Blood and Plasma.

Factor V activity assay (Send out**,** rarely ordered**) LABMFCTV**
Mayo Code: FACTV

- Diagnosing congenital deficiencies (rare) of coagulation factor V.
- Evaluating acquired deficiencies associated with liver disease, factor V inhibitors, myeloproliferative disorders, and intravascular coagulation and fibrinolysis.
- Investigation of prolonged prothrombin time or activated partial thromboplastin time.

Commonly Used Coagulation Profiles Available from Mayo Medical Laboratory

- **Thrombophilia Profile (CHYPE) LAB234**
  Mayo Code: AATHR
  - Evaluating patients with thrombosis or hypercoagulability states
  - Detecting a lupus-like anticoagulant; dysfibrinogenemia; disseminated intravascular coagulation/intravascular coagulation and fibrinolysis
  - Detecting a deficiency of antithrombin, protein C, or protein S
  - Detecting activated protein C resistance (and the factor V R506Q [Leiden] mutation if indicated)

- **Lupus Anti-Coagulation Profile (CLUP) LAB1979**
  Mayo Code: ALUPP
  - Confirming or excluding presence of lupus anticoagulant (LAC) distinguishing LAC from specific coagulation factor inhibitors and nonspecific inhibitors
  - Investigation of a prolonged activated thromboplastin time, especially when combined with other coagulation studies.
  - This test is **not useful for** the detection of antiphospholipid antibodies that do not affect coagulation tests. We recommend separate testing for serum phospholipid (cardiolipin), IgG and IgM (CLPMG) and beta-2 glycoprotein 1, IgG and IgM (B2GMG).

- **von Willebrand Profile LAB926**
  Mayo code: AVWPR

- Detection of deficiency or abnormality of von Willebrand factor and related deficiency of factor VIII coagulant activity
- Subtyping von Willebrand disease as Type 1 (most common), Type 2 variants (less common), or Type 3 (rare)
- This test is **not useful for** detection of hemophilia carriers.

Commonly Used Point of Care Tests Available at Ridgeview Medical Center

Whole Blood INR PTWB (LAB2436)

Useful for monitoring the coagulation status of patients on oral anticoagulation therapy

- Performed using capillary whole blood
- Resulted during patient's laboratory visit (solicited testing)
- If INR result is >4.5, protime/INR will be performed on plasma at hospital instrumentation

Activated Clotting Time (POCT) LABACT

- Utilized by cardiac catheterization lab only (unsolicited testing)