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Client: Example Client ABC123
123 Test Drive
Salt Lake City, UT 84108
UNITED STATES

Physician: Doctor, Example

Patient: Patient, Example

DOB	8/20/1985
Gender:	Female
Patient Identifiers:	01234567890ABCD, 012345
Visit Number (FIN):	01234567890ABCD
Collection Date:	01/01/2017 12:34

Prothrombin (F2) c.*97G>A (G20210A) Pathogenic Variant

ARUP test code 0056060

PT PCR Specimen	Whole Blood
Prothrombin (F2) G20210A Variant	Negative

Section 79-1 of New York State Civil Rights Law requires informed consent be obtained from all patients (or their legal guardians) prior to pursuing any diagnostic genetic testing or testing to assess carrier status. These forms must be kept on file by the ordering physician. Biochemical and DNA testing patient consent forms can be accessed from ARUP's web site: www.aruplab.com.

Indication for testing: Assess genetic risk for thrombosis.

NEGATIVE: The Factor II, prothrombin G20210A mutation, was not detected. Other causes of elevated prothrombin levels and hereditary forms of venous thrombosis have not been excluded.

Recommendations: If clinically indicated, testing for other inherited or acquired thrombophilic disorders is recommended including DNA testing for the factor V Leiden mutation, measurement of total plasma homocysteine concentration, serological assays for anticardiolipin antibodies, multiple phospholipid-dependent coagulation assays for lupus inhibitor, protein C activity, protein S activity or free protein S antigen, and antithrombin activity.

This result has been reviewed and approved by Rong Mao, M.D.

H – high L – low * – abnormal C – critical

BACKGROUND INFORMATION: Prothrombin (F2) c.*97G>A (G20210A) Pathogenic Variant
CHARACTERISTICS: The Factor II, c.*97G>A (G20210A) pathogenic variant is a common genetic risk factor for venous thrombosis associated with elevated prothrombin levels leading to increased rates of thrombin generation and excessive growth of fibrin clots. The expression of Factor II thrombophilia is impacted by coexisting genetic thrombophilic disorders, acquired thrombophilic disorders (eg, malignancy, hyperhomocysteinemia, high factor VIII levels), and circumstances including: pregnancy, oral contraceptive use, hormone replacement therapy, selective estrogen receptor modulators, travel, central venous catheters, surgery, and organ transplantation.
INCIDENCE: Approximately 2 percent of Caucasians and 0.3 percent of African Americans are heterozygous; homozygosity occurs in 1 in 10,000 individuals.
INHERITANCE: Incomplete autosomal dominant.
PENETRANCE: The risk of thrombosis is increased 2-4 fold for heterozygotes and further increased for homozygotes.
CAUSE: Homozygosity or heterozygosity for F2 c.*97G>A (G20210A).
PATHOGENIC VARIANT TESTED: F2 c.*97G>A (G20210A).
CLINICAL SENSITIVITY FOR VENOUS THROMBOSIS: Approximately 10 percent.
METHODOLOGY: Polymerase chain reaction and fluorescence monitoring.
ANALYTICAL SENSITIVITY AND SPECIFICITY: 99 percent.
LIMITATIONS: Diagnostic errors can occur due to rare sequence variations. F2 gene variants, other than c.*97G>A (G20210A), will not be detected.

Test developed and characteristics determined by ARUP Laboratories. See Compliance Statement C: aruplab.com/CS

VERIFIED/REPORTED DATES

Procedure	Accession	Collected	Received	Verified/Reported
PT PCR Specimen	17-233-107103	8/21/2017 12:18:00 PM	8/21/2017 12:18:46 PM	8/21/2017 12:21:15 PM
Prothrombin (F2) G20210A Variant	17-233-107103	8/21/2017 12:18:00 PM	8/21/2017 12:18:46 PM	8/21/2017 12:21:15 PM

END OF CHART

H – high L – low * – abnormal C – critical