

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

Physician: Doctor, Example

**Patient: Patient, Example**

**DOB:** 9/2/1972  
**Gender:** Female  
**Patient Identifiers:** 01234567890ABCD, 012345  
**Visit Number (FIN):** 01234567890ABCD  
**Collection Date:** 00/00/0000 00:00

**Lupus Anticoagulant Reflex Panel**

ARUP test code 3017009

Prothrombin Time (PT)	19.6 s	H	(Ref Interval: 12.0-15.5)
PTT-LA Ratio	2.38	H	(Ref Interval: <=1.20)
dRVVT Screen Ratio	4.70	H	(Ref Interval: <=1.20)
Anti-Xa Qualitative Interpretation	Present		(Ref Interval: Not Present)
Thrombin Time (TT)	17.4 s		(Ref Interval: <=19.5)
Anticoagulant Medication Neutralization	DOAC-Stop		(Ref Interval: Not Performed)
Neutralized PTT-LA Ratio	1.80	H	(Ref Interval: <=1.20)
Neutralized dRVVT Screen Ratio	1.98	H	(Ref Interval: <=1.20)
dRVVT 1:1 Mix Ratio	1.44	H	(Ref Interval: <=1.20)
dRVVT Confirmation Ratio	1.74	H	(Ref Interval: <=1.20)
Hexagonal Phospholipid Confirmation	24.0 s	H	(Ref Interval: <=7.9)
Lupus Anticoagulant, Interpretation	See Note		

H=High, L=Low, \*=Abnormal, C=Critical

Unless otherwise indicated, testing performed at:

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.

**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 Administration. This test was performed in a CLIA-certified laboratory and is intended for clinical purposes.

**H=High, L=Low, \*=Abnormal, C=Critical**

VERIFIED/REPORTED DATES				
Procedure	Accession	Collected	Received	Verified/Reported
Prothrombin Time (PT)	24-057-126194	00/00/0000 00:00	00/00/0000 00:00	00/00/0000 00:00
PTT-LA Ratio	24-057-126194	00/00/0000 00:00	00/00/0000 00:00	00/00/0000 00:00
dRVVT Screen Ratio	24-057-126194	00/00/0000 00:00	00/00/0000 00:00	00/00/0000 00:00
Anti-Xa Qualitative Interpretation	24-057-126194	00/00/0000 00:00	00/00/0000 00:00	00/00/0000 00:00
Thrombin Time (TT)	24-057-126194	00/00/0000 00:00	00/00/0000 00:00	00/00/0000 00:00
Anticoagulant Medication Neutralization	24-057-126194	00/00/0000 00:00	00/00/0000 00:00	00/00/0000 00:00
Neutralized PTT-LA Ratio	24-057-126194	00/00/0000 00:00	00/00/0000 00:00	00/00/0000 00:00
Neutralized dRVVT Screen Ratio	24-057-126194	00/00/0000 00:00	00/00/0000 00:00	00/00/0000 00:00
dRVVT 1:1 Mix Ratio	24-057-126194	00/00/0000 00:00	00/00/0000 00:00	00/00/0000 00:00
dRVVT Confirmation Ratio	24-057-126194	00/00/0000 00:00	00/00/0000 00:00	00/00/0000 00:00
Hexagonal Phospholipid Confirmation	24-057-126194	00/00/0000 00:00	00/00/0000 00:00	00/00/0000 00:00
Lupus Anticoagulant, Interpretation	24-057-126194	00/00/0000 00:00	00/00/0000 00:00	00/00/0000 00:00

END OF CHART

H=High, L=Low, \*=Abnormal, C=Critical

Unless otherwise indicated, testing performed at:

ARUP LABORATORIES | 800-522-2787 | aruplab.com  
500 Chipeta Way, Salt Lake City, UT 84108-1221  
Jonathan R. Genzen, MD, PhD, Laboratory Director

Patient: Patient, Example  
ARUP Accession: 24-057-126194  
Patient Identifiers: 01234567890ABCD, 012345  
Visit Number (FIN): 01234567890ABCD  
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