

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

Physician: Doctor, Example

Patient: Patient, Example

DOB: 7/1/1991
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)	13.5 s	(Ref Interval: 12.0-15.5)
PTT-LA Ratio	1.10	(Ref Interval: <=1.20)
dRVVT Screen Ratio	1.01	(Ref Interval: <=1.20)
Anti-Xa Qualitative Interpretation	Not Performed	(Ref Interval: Not Present)
Thrombin Time (TT)	Not Performed s	(Ref Interval: <=19.5)
Anticoagulant Medication Neutralization	Not Performed	(Ref Interval: Not Performed)
Neutralized PTT-LA Ratio	Not Performed	(Ref Interval: <=1.20)
Neutralized dRVVT Screen Ratio	Not Performed	(Ref Interval: <=1.20)
dRVVT 1:1 Mix Ratio	Not Performed	(Ref Interval: <=1.20)
dRVVT Confirmation Ratio	Not Performed	(Ref Interval: <=1.20)
Hexagonal Phospholipid Confirmation	Not Performed s	(Ref Interval: <=7.9)
Lupus Anticoagulant, Interpretation	See Note	

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

Unless otherwise indicated, testing performed at:

Lupus anticoagulant not detected.

This panel did not detect evidence for heparin, direct thrombin inhibitors, or direct Xa inhibitors and drug neutralization was not performed.

Lupus anticoagulant antibodies are heterogeneous and antibody titers fluctuate over time. Laboratory tests used to identify lupus anticoagulant demonstrate variable sensitivity. Testing is best performed when the patient is not acutely ill and not anticoagulated. If there is strong clinical suspicion for antiphospholipid antibody syndrome (APS), consider testing for cardiolipin and beta-2 glycoprotein 1 antibodies (IgG and IgM) if this testing has not already been performed.

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.

VERIFIED/REPORTED DATES

Procedure	Accession	Collected	Received	Verified/Reported
Prothrombin Time (PT)	24-047-153187	00/00/0000 00:00	00/00/0000 00:00	00/00/0000 00:00
PTT-LA Ratio	24-047-153187	00/00/0000 00:00	00/00/0000 00:00	00/00/0000 00:00
dRVVT Screen Ratio	24-047-153187	00/00/0000 00:00	00/00/0000 00:00	00/00/0000 00:00
Anti-Xa Qualitative Interpretation	24-047-153187	00/00/0000 00:00	00/00/0000 00:00	00/00/0000 00:00
Thrombin Time (TT)	24-047-153187	00/00/0000 00:00	00/00/0000 00:00	00/00/0000 00:00
Anticoagulant Medication Neutralization	24-047-153187	00/00/0000 00:00	00/00/0000 00:00	00/00/0000 00:00
Neutralized PTT-LA Ratio	24-047-153187	00/00/0000 00:00	00/00/0000 00:00	00/00/0000 00:00
Neutralized dRVVT Screen Ratio	24-047-153187	00/00/0000 00:00	00/00/0000 00:00	00/00/0000 00:00
dRVVT 1:1 Mix Ratio	24-047-153187	00/00/0000 00:00	00/00/0000 00:00	00/00/0000 00:00
dRVVT Confirmation Ratio	24-047-153187	00/00/0000 00:00	00/00/0000 00:00	00/00/0000 00:00
Hexagonal Phospholipid Confirmation	24-047-153187	00/00/0000 00:00	00/00/0000 00:00	00/00/0000 00:00
Lupus Anticoagulant, Interpretation	24-047-153187	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: