

Patient NAME : Dummy	Report STATUS : Final Report
DOB/Age/Gender :	Barcode NO :
Patient ID / UHID :	Sample Type : Citrate Plasma
Referred BY :	Report Date :
Sample Collected :	

Test Description	Value(s)	Unit(s)	Reference Range
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Lupus Anticoagulant

Patient Value	33.1	sec	33.1-45.1
Control value	39.1	sec	
Screen Ratio	0.85		<1.20
DRVVT Screening	Negative		

Interpretation:

Method : Dilute Russell viper venom method (dRVV), electromechanical clot detection.

Remarks:

1. This is only a screening test.
2. If Screening test is positive, then a confirmatory test is necessary.
3. The presence of LA in the sample is confirmed when the Normalized Ratio (calculated as ratio of dRVV screen ratio to dRVV confirmatory ratio) value is greater or equal to reference value.

Test description: Diluted RVV Screen test is performed with reagent containing a low concentration of phospholipids. If lupus anticoagulant (LA) is present, the clotting time will be lengthened. dRVV confirmatory testing is done with reagent containing higher concentration of phospholipids, which neutralizes the LA (when present in the sample) and corrects the clotting time to normal thereby confirming the presence of LA.

Notes:

1. As per ISTH(International society on thrombosis and hemostasis) guidelines , Lupus Anticoagulant detection must be done by using at least two clot based assays employing separate clotting principles like Lupus sensitive APTT & dRVVT.
2. Results of this test should always be interpreted in conjunction with the patient's medical history, clinical presentation and other findings.
3. A positive LA can be seen in otherwise normal individuals and in certain viral or other infections.
4. Once a patient has been tested positive for LA, it is imperative that testing be repeated on a second occasion > 12 weeks after the initial testing.
5. Anticoagulation therapy effects such as Warfarin (especially when the effect is supratherapeutic), excess Heparin, direct thrombin inhibitors (DTI) (eg, Dabigatran [Pradaxa]), Argatroban [Ancova], Bivalirudin [Angiomax]), direct factor Xa inhibitors (eg, Rivaroxaban [Xarelto], Apixaban [Eliquis], Edoxaban [Savaysa]) may result in a false-positive assay performance for LA. Clinical correlation and repeat testing after discontinuation (>1 week) of anticoagulation therapy is suggested.
6. Although the dilute Russell viper venom time (dRVVT) reagents contain a heparin inhibitor (Polybrene) that is sufficient for neutralization of heparin (up to 1-2 U/mL), the results may not necessarily represent what would occur if no heparin were present in the specimen. Therefore, DRVVT results from heparinized plasma should be interpreted with caution.
7. dRVVT assays, when performed in isolation, will not distinguish LA from heparin or inhibitors of factors V or VIII, which may cause false-positive results of LA testing.

Comments: Lupus Anticoagulants are heterogenous IgG or IgM autoantibodies which interfere with phospholipid dependent in vitro coagulation tests, particularly activated partial thromboplastin time (APTT). These antibodies are associated with thrombosis (arterial & venous), recurrent abortions, neurological & neuropsychiatric disorders. Various methods for testing Lupus Anticoagulants include Lupus sensitive APTT (PTT-LA), activated kaolin clotting time and dilute Russell Viper Venom time. Out of these the dRVVT assay is the most robust & specific because dRVVT is not influenced by deficiencies of intrinsic pathway or antibodies to factors VIII, IX or XI.a

*** End Of Report ***

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