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PATIENT REPORT

Patient Age/Sex: 48 years Male

Specimen Collected: 09-Feb-26 06:00

Lupus Anticoagulant Reflex Panel	**Received: 10-Feb-26 06:32**		**Report/Verified: 10-Feb-26 06:42**
Procedure	**Result**	**Units**	**Reference Interval**
PTT-LA Ratio	1.10		[<=1.20]
dRVVT Screen Ratio	1.01		[<=1.20]
Prothrombin Time (PT)	13.5	s	[12.0-15.5]
Lupus Anticoagulant, Interpretation	See Note [f1] [i1]		
Anti-Xa Qualitative Interpretation	Not Performed		[Not Present]
Thrombin Time (TT)	Not Performed	s	[<=19.5]
Anticoagulant Medication Neutralization	Not Performed		[Not Performed]
Neutralized PTT-LA Ratio	Not Performed		[<=1.20]
Neutralized dRVVT Screen Ratio	Not Performed		[<=1.20]
dRVVT 1:1 Mix Ratio	Not Performed		[<=1.20]
dRVVT Confirmation Ratio	Not Performed		[<=1.20]
Hexagonal Phospholipid Confirmation	Not Performed	s	[<=7.9]

Antithrombin, Enzymatic (Activity)	**Received: 10-Feb-26 06:32**		**Report/Verified: 10-Feb-26 06:42**
Procedure	**Result**	**Units**	**Reference Interval**
Antithrombin,Enzymatic (Activity)	86 [i2]	%	[76-128]

APC with Reflex to Factor V Leiden	**Received: 10-Feb-26 06:32**		**Report/Verified: 10-Feb-26 06:43**
Procedure	**Result**	**Units**	**Reference Interval**
APC Resistance	3.00 [i3]		[>=2.00]
Factor V Leiden by PCR	Not Done [f2]		
FACV REF Specimen	Not Done		

B2glycoprotein I Abs, IgG and IgM	**Received: 10-Feb-26 06:32**		**Report/Verified: 10-Feb-26 06:45**
Procedure	**Result**	**Units**	**Reference Interval**
B2Glycoprotein 1,IgG Antibody	16	SGU	[<=20]
B2Glycoprotein 1,IgM Antibody	15 [i4]	SMU	[<=20]

Cardiolipin Antibodies, IgG/IgM	**Received: 10-Feb-26 06:32**		**Report/Verified: 10-Feb-26 06:45**
Procedure	**Result**	**Units**	**Reference Interval**
Cardiolipin Antibody IgG	10 [i5]	GPL	[<=14]
Cardiolipin Antibody IgM	11 [i6]	MPL	[<=12]

Protein C, Functional	**Received: 10-Feb-26 06:32**		**Report/Verified: 10-Feb-26 06:46**
Procedure	**Result**	**Units**	**Reference Interval**
Protein C Functional	90 [i7]	%	[83-168]

Protein S Ag, Free	**Received: 10-Feb-26 06:32**		**Report/Verified: 10-Feb-26 06:46**
Procedure	**Result**	**Units**	**Reference Interval**
Protein S Ag Free	85 [i8]	%	[74-147]

*=Abnormal, #=Corrected, C=Critical, f=Result Footnote, H-High, i-Test Information, L-Low, t-Interpretive Text, @=Performing lab

Prothrombin (F2) G20210A Variant	**Received: 10-Feb-26 06:32**		**Report/Verified: 10-Feb-26 06:46**
Procedure	**Result**	**Units**	**Reference Interval**
PT PCR Specimen	Whole Blood		

Prothrombin (F2) G20210A Variant	**Received: 10-Feb-26 06:32**		**Report/Verified: 10-Feb-26 06:47**
Procedure	**Result**	**Units**	**Reference Interval**
Prothrombin (F2) G20210A Variant	Negative f3 i9		

Thrombotic Risk Reflex Panel	**Received: 10-Feb-26 06:32**		**Report/Verified: 10-Feb-26 06:47**
Procedure	**Result**	**Units**	**Reference Interval**
Thrombosis Interpretation -Risk	See Note f4 i10		

Result Footnote

f1: Lupus Anticoagulant, Interpretation

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.

f2: Factor V Leiden by PCR

Because the APCR was negative, the Factor V Leiden by PCR assay was not run.

f3: Prothrombin (F2) G20210A Variant

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 [redacted]

f4: Thrombosis Interpretation - Risk

See individual components for interpretive data.

Test Information

i1: Lupus Anticoagulant, Interpretation

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.

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Test Information

i2: Antithrombin, Enzymatic (Activity)

REFERENCE INTERVAL: Antithrombin, Enzymatic (Activity)

Access complete set of age- and/or gender-specific reference intervals for this test in the ARUP Laboratory Test Directory (aruplab.com).

Antithrombin may be artifactually overestimated in the presence of direct thrombin inhibitors. If clinically indicated, consider repeat testing on a new specimen for confirmation after the presence of anticoagulant medications has been excluded. (J Thromb Haemost. 2020; 18(1):17-22).

i3: APC Resistance

TEST INTERPRETATION: APC Resistance Profile

Ratios less than 2.00 suggest APC resistance. This method uses factor V deficient plasma; therefore, APC resistance due to a nonfactor V mutation will not be detected. Extreme factor V deficiency or presence of direct oral anticoagulants (DOACs) may cause an unreliable ratio.

i4: B2Glycoprotein 1, IgM Antibody

INTERPRETIVE INFORMATION: B2Glycoprotein I, IgG and IgM Antibody

The persistent presence of IgG and/or IgM beta 2 glycoprotein I (B2GPI) antibodies is a laboratory criterion for the diagnosis of antiphospholipid syndrome (APS). Persistence is defined as moderate or high levels of IgG and/or IgM B2GPI antibodies detected in two or more specimens drawn at least 12 weeks apart (J Throm Haemost. 2006;4:295-306). B2GPI results greater than 20 SGU (IgG) and/or SMU (IgM) are considered positive based on the cutoff values established for this test. International reference materials and consensus units for anti-B2GPI antibodies have not been established (Clin Chim Acta. 2012;413(1-2):358-60; Arthritis Rheum. 2012;64(1):1-10.); results can be variable between different commercial immunoassays and cannot be compared. Strong clinical correlation is recommended for a diagnosis of APS. Low positive IgG and IgM B2GPI antibody levels should be interpreted in light of APS-specific clinical manifestations and/or other criteria phospholipid antibody tests.

i5: Cardiolipin Antibody IgG

INTERPRETIVE INFORMATION: Anti-Cardiolipin IgG Ab

<=14 GPL: Negative
15-19 GPL: Indeterminate
20-80 GPL: Low to Moderately Positive
81 GPL or above: High Positive

The persistent presence of IgG and/or IgM cardiolipin (CL) antibodies in moderate or high levels (greater than 40 GPL and/or greater than 40 MPL units) is a laboratory criterion for the diagnosis of antiphospholipid syndrome (APS). Persistence is defined as moderate or high levels of IgG and/or IgM CL antibodies detected in two

Test Information

i5: Cardiolipin Antibody IgG
or more specimens drawn at least 12 weeks apart (J Throm Haemost. 2006;4:295-306). Lower positive levels of IgG and/or IgM CL antibodies (above cutoff but less than 40 GPL and/or less than 40 MPL units) may occur in patients with the clinical symptoms of APS; therefore, the actual significance of these levels is undefined. Results should not be used alone for diagnosis and must be interpreted in light of APS-specific clinical manifestations and/or other criteria phospholipid antibody tests.

i6: Cardiolipin Antibody IgM
INTERPRETIVE INFORMATION: Anti-Cardiolipin IgM

<=12 MPL: Negative
13-19 MPL: Indeterminate
20-80 MPL: Low to Moderately Positive
81 MPL or above: High Positive

The persistent presence of IgG and/or IgM cardiolipin (CL) antibodies in moderate or high levels (greater than 40 GPL and/or greater than 40 MPL units) is a laboratory criterion for the diagnosis of antiphospholipid syndrome (APS). Persistence is defined as moderate or high levels of IgG and/or IgM CL antibodies detected in two or more specimens drawn at least 12 weeks apart (J Throm Haemost. 2006;4:295-306). Lower positive levels of IgG and/or IgM CL antibodies (above cutoff but less than 40 GPL and/or less than 40 MPL units) may occur in patients with the clinical symptoms of APS; therefore, the actual significance of these levels is undefined. Results should not be used alone for diagnosis and must be interpreted in light of APS-specific clinical manifestations and/or other criteria phospholipid antibody tests.

i7: Protein C Functional
INTERPRETIVE INFORMATION: Protein C, Functional

Access complete set of age- and/or gender-specific reference intervals for this test in the ARUP Laboratory Test Directory (aruplab.com).

Protein C may be artifactually overestimated in the presence of heparin, direct thrombin inhibitors, or direct factor Xa inhibitors. If clinically indicated, consider repeat testing on a new specimen for confirmation after the presence of anticoagulant medications has been excluded. (J Thromb Haemost. 2020; 18(2):271-277).

i8: Protein S Ag Free
INTERPRETIVE INFORMATION: Protein S Ag, FREE

Access complete set of age- and/or gender-specific reference intervals for this test in the ARUP Laboratory Test Directory (aruplab.com).

i9: Prothrombin (F2) G20210A Variant
BACKGROUND INFORMATION: Prothrombin (F2) c.*97G>A

Test Information

i9: Prothrombin (F2) G20210A Variant

(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.

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Counseling and informed consent are recommended for genetic testing. Consent forms are available online.

i10: Thrombosis Interpretation - Risk

INTERPRETIVE INFORMATION: Thrombotic Risk Reflex Panel

Refer to individual components

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Counseling and informed consent are recommended for genetic testing. Consent forms are available online.