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PATIENT REPORT

500 Chipeta Way, Salt Lake City, Utah 84108-1221 phone: 801-583-2787, toll free: 800-522-2787

Jonathan R. Genzen, MD, PhD, Chief Medical Officer

Patient Age/Sex: 34 years Female

Specimen	Collected:	06-Nov-25	13:43
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Specimen Collected. 00-Nov-25 15.45					
von Willebrand Factor Panel, Multimeric	Received:	06-Nov-25 13:43	Report/Verified: 10-Nov-25 12:36		
Procedure	Result	Units	Reference Interval		
Factor VIII,Activity	20 L i1	%	[56-191]		
<pre>von Willebrand Factor, Activity (GPIbM)</pre>	<5 L i2	9	[51-215]		
von Willebrand Factor, Antigen	17 L i3	%	[52-214]		
von Willebrand Factor Multimers	Received:	06-Nov-25 13:43	Report/Verified: 10-Nov-25 12:36		
Procedure	Result	Units	Reference Interval		

von Willebrand Factor Multimers See Note f1 i4

Result Footnote

f1: von Willebrand Factor Multimers

von Willebrand factor multimeric analysis shows absence of the high-molecular-weight multimers. This finding can be seen in von Willebrand disease types 2A, 2B, or platelet-type, or in acquired conditions (cardiac abnormalities, pulmonary hypertension, myeloproliferative neoplasms, thrombotic thrombocytopenic purpura, or other conditions). Rarely, multimeric abnormalities can be caused by sample processing artifacts or incorrect specimen type (serum). Local performance of low-dose ristocetin-induced platelet aggregation is suggested to help distinguish among the qualitative (type 2) subtypes of von Willebrand disease, if clinically indicated. Genetic testing is also available to confirm a diagnosis of type 2 von Willebrand disease (ARUP test code 3004379), which may be helpful in a subset of cases. Additional information regarding diagnosis and subtyping of von Willebrand disease is available at arupconsult.com.

von Willebrand factor and factor VIII are acute phase reactants. Increased values are seen in pregnancy, with estrogen-containing medications, inflammation, infection, liver disease, malignancy, and with exercise, stress, or trauma, including traumatic venipuncture. Acute phase reactions can mask low baseline values in patients with von Willebrand disease.

Lower baseline von Willebrand and factor VIII values are found in blood type O individuals. Decreased values for von Willebrand factor and/or factor VIII activity may also be due to improper specimen handling.

Test Information

i1: Factor VIII, Activity

REFERENCE INTERVAL: Factor VIII, Activity

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

i2: von Willebrand Factor, Activity (GPIbM)

INTERPRETIVE INFORMATION: von Willebrand Factor Activity, GPIbM

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.

i3: von Willebrand Factor, Antigen

REFERENCE INTERVAL: von Willebrand Factor, Antigen

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

Unless otherwise indicated, testing performed at:

ARUP Laboratories

500 Chipeta Way, Salt Lake City, UT 84108

Laboratory Director: Jonathan R. Genzen, MD, PhD

ARUP Accession: 25-310-900148 **Report Request ID**: 20897704

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Jonathan R. Genzen, MD, PhD, Chief Medical Officer

Patient Age/Sex: 34 years Female

Test Information

von Willebrand Factor, Antigen

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

von Willebrand Factor Multimers i4:

INTERPRETIVE INFORMATION: von Willebrand Factor Multimers

This test was developed and its performance characteristics determined by ARUP Laboratories. It has not been cleared or approved by the US Food and Drug Administration. This test was performed in a CLIA certified laboratory and is intended for clinical purposes.

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