

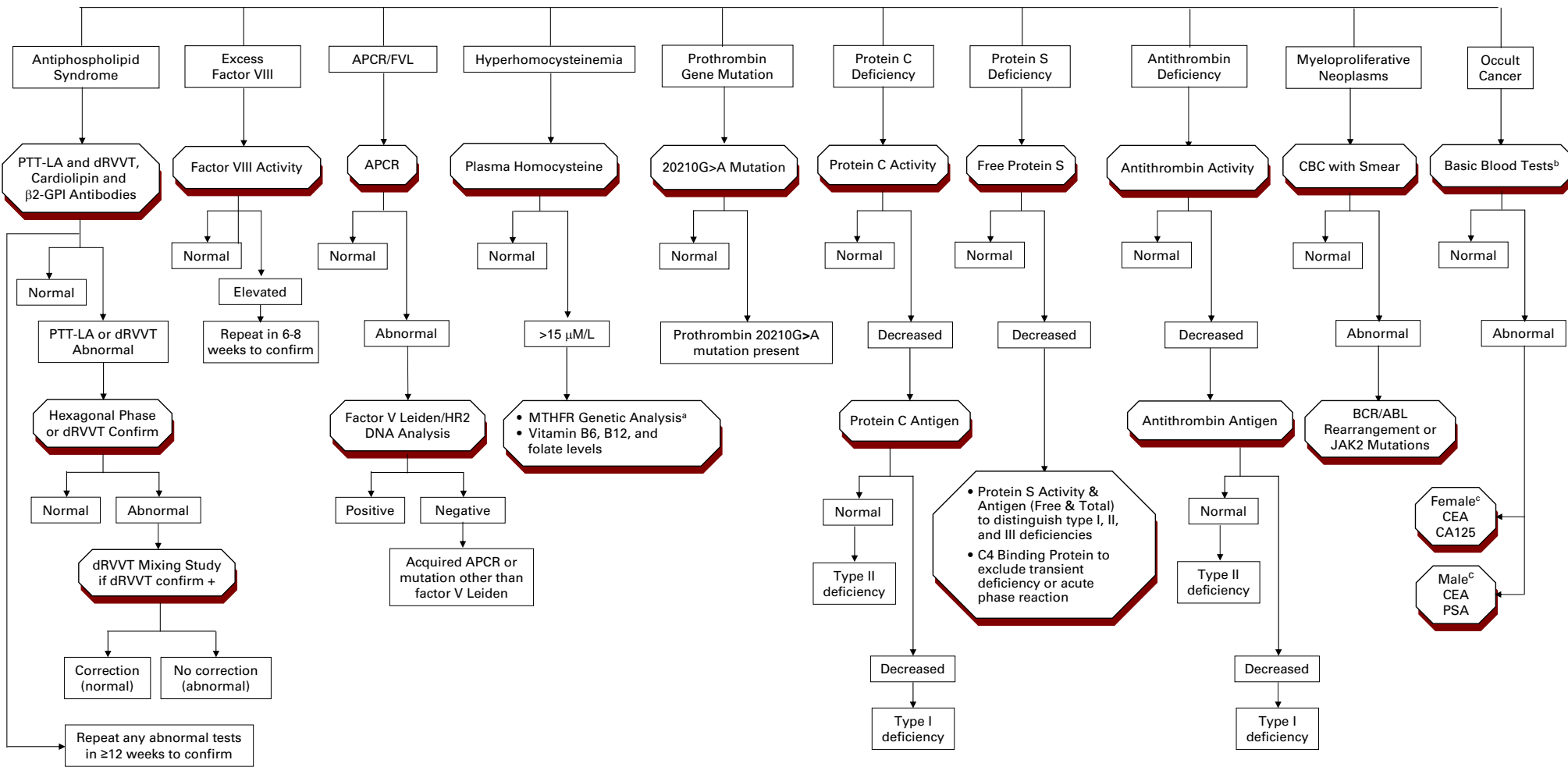
Individual with Documented Thrombotic Episode or at High Risk

First Line Testing

Rule Out

Test

Interpretation



Individual With Documented Thrombotic Episode(s), Strong Family History of Thrombosis, and Negative First Line Tests

Second Line Testing^d

Coagulation Factors IX, XI **Lipoprotein (a)** **Dysfibrinogenemia Evaluation** **Plasminogen** **PAI-1 4G/5G Polymorphism and Tissue Plasminogen Activator (TPA)** **CD55 and CD59**

Figure. Testing algorithm for the diagnosis of thrombophilia in individuals with a history of thrombosis or those at high risk. An individual with a documented thrombotic episode should undergo a complete medical evaluation to rule out conditions associated with thrombophilia not diagnosed by first line testing, eg, nephrotic syndrome, diabetes mellitus, etc. High risk individuals are those with a strong family history of thrombosis and/or those with acquired risk factors, eg, obesity, prolonged immobilization, etc. All non-genetic testing should be repeated in 6 to 12 weeks to reduce the likelihood of false-positives. Some assays are affected by anticoagulants or the acute thrombotic process. PTT-LA indicates partial thromboplastin time-lupus anticoagulant; dRVVT, dilute Russell's viper venom time; β 2-GPI, beta2-glycoprotein I; APCR/FVL, activated protein C resistance/factor V Leiden.

^a Mutation analysis is considered optional by some authors as treatment is not changed by the presence or absence of the MTHFR mutation.

^b May include CBC, erythrocyte sedimentation rate, liver and renal function tests, urinalysis, protein electrophoresis, and chest radiography.

^c May also include ultrasound and/or computed tomography (CT) of the abdomen and pelvis.

^d Second line testing is for the identification of rare causes of thrombophilia and recommended for individuals with a documented thrombotic episode(s), a strong family history of thrombosis, and negative first line tests.

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