ROUTINE COAGULATION TESTING INTERPRETATION ©

COAGULATION TESTING DATA INTERPRETATION:	BELOW IDEAL REF RANGE	IDEAL REFERENCE RANGE	ABOVE IDEAL REF RANGE
PROTHROMBIN TIME (PT) - INR	0.8 - 0.9: HYPERCOAGULABLE	1.0	1.1 - 1.4 Vitamin K Depletion due to Antibiotics if no anticoagulants.
PTT or aPTT Test	Bottom quartile RR: High Factor VIII, Inflammation &/or Acute Phase Response.	Lab Mean Ref Range +/- 3 seconds	Upper quartile to +1 sec above RR Type O Blood Type, Lupus Anticoag, Antiphospholipid Abs.
FIBRINOGEN	Less than 180: Liver disease, Consumption of Fib, Potential DIC.	200 - 330 mg/dl	350 - 500 Inflammation, Acute Phase Reaction, >500 r/o: Blood Clot, Cancer.
Prothrombin Fragment 1+2 (F1+2)	Less than RR: Anticogulants like Coumadin, Warfarin	In Ref Range (80 - 315)	Greater than RR: Thrombin Generation: Mild increase: Chronic Illnesses[CI] (315 - 450): 450- 600: Severe CI, >600 Blood Clot or Cancer: Greater than 1200: May be an activated blood draw, recheck.
THROMBIN / ANTITHROMBIN COMPLEXES (T/ATs)	Less than 2.0: Decreased Fibrinolysis. Use Fibrinolytics.	3.0 - 4.2	> RR: Good Fibrinolysis, fibrin being dissolved. >60, Bad Blood Draw. Both F1+2 >1200 & T/AT >60 is an activated (bad) Blood Draw.

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Alpha-2-AntiPlasmin (A2AP)	< 70%: Consumption of AP: DIC or Primary Fibrinolysis?	75 - 125 %	>125%: Inflammation, Acute Phase. The higher the value, the less fibrinolysis there is.
Quantitative D-Dimer (QDD or DDQ)		In Ref Range	> RR: Cross Linked Fibrin, blood clot or cancer. Higher values may indicate cancer.
PLATELET ACTIVATION Test (ESOTERIX Lab only)			
CD62P Assay		0 - 12 %	15-25% Viral Infection, 20 - 30% severe viral infection, 30 - 50% Cancer or Metastaic CA
CD62P plus ADP Assay	20 - 30% ADP Inhibitor: PLAVIX or Clopidogrel	40 - 60 %	>60% Activated Platelets
CD62P plus ADP Total %		55 - 75 % Total	>75% "Sticky Platelet Syndrome"

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