



STANDARDIZED TESTING / OPERATING PROTOCOL REQUEST/ANNOUNCEMENT



Annual Stago Lot Conversion

<p>Description:</p>	<p>The laboratories will convert to the following lot numbers of PT, PTT, FIBR and controls: STA-Neoplastine Cl Plus Lot 251218 Exp 10/31/2018 STA-PTT Automate Lot 251274 Exp 10/31/2018 STA-Fibrinogen Lot 251221 Exp 10/31/2018 STA-Coag N&ABN Plus Lot 251136 Exp 09/30/2018</p>
<p>Implementation Date:</p>	<p>July 26th, 2017 @ 10:00 am</p>
<p>Performing Locations:</p>	<p>Click on the boxes that apply: <input checked="" type="checkbox"/> Alamance Regional <input type="checkbox"/> Alamance Cancer Center <input checked="" type="checkbox"/> Annie Penn Hospital <input checked="" type="checkbox"/> Moses Cone Hospital <input checked="" type="checkbox"/> Med Center at High Point <input checked="" type="checkbox"/> Med Center at Mebane <input checked="" type="checkbox"/> Wesley Long Hospital <input checked="" type="checkbox"/> Women’s Hospital</p>
<p>Affected Locations:</p>	<p>Click on the boxes that apply: <input checked="" type="checkbox"/> Alamance Regional <input type="checkbox"/> Alamance Cancer Center <input checked="" type="checkbox"/> Annie Penn Hospital <input checked="" type="checkbox"/> Moses Cone Hospital <input checked="" type="checkbox"/> Med Center at High Point <input checked="" type="checkbox"/> Med Center at Mebane <input checked="" type="checkbox"/> Wesley Long Hospital <input checked="" type="checkbox"/> Women’s Hospital</p>

<p>Affected Departments:</p>	<p>Click on the boxes that apply:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Blood Bank <input type="checkbox"/> Cytology <input type="checkbox"/> Flow Cytometry <input type="checkbox"/> Histology <input type="checkbox"/> Microbiology <input type="checkbox"/> Phlebotomy <input type="checkbox"/> Point of Care <input checked="" type="checkbox"/> Rapid Response Lab <input type="checkbox"/> Respiratory Therapy <input type="checkbox"/> Specimen Processing
<p>Specimen Type:</p>	<p>Sodium citrate plasma</p>
<p>Updated Clinical Lab Procedures:</p>	<p>Greensboro/Reidsville Procedures: COAG-0540-CH Parallel Testing with Coagulation COAG-0716C-CH Stago Information Sheet COAG-0841C-CH Stago Reagent Chart QM-1735L-CH Reference Ranges</p> <p>Alamance Procedures: COAG-710 PT COAG-710 PTT</p>
<p>Retired Clinical Lab Procedures:</p>	<p>N/A</p>

<p>Notification to Client:</p>	<p>Click on the boxes that apply:</p> <p><input type="checkbox"/> Section Not Applicable <input checked="" type="checkbox"/> Memo Needed</p> <p>Distribution of Memo:</p> <p><input checked="" type="checkbox"/> Medical Staff <input type="checkbox"/> Allied Health Professionals (PA, Nurse Practitioners) <input type="checkbox"/> Anesthesia <input type="checkbox"/> Annie Penn (Primary Source Physicians) <input type="checkbox"/> Dentist <input type="checkbox"/> Emergency Department/Urgent Care Centers <input type="checkbox"/> Family Practice <input type="checkbox"/> Infectious Docs #ID Docs (John Campbell, Robert Comer, Jeffrey Hatcher, Cynthia Snider, Kees Van Dam) <input type="checkbox"/> OB/GYN <input type="checkbox"/> Pathology <input type="checkbox"/> Pediatricians <input type="checkbox"/> Psych <input type="checkbox"/> Radiology <input type="checkbox"/> Surgery</p> <p><input type="checkbox"/> #Nursing Leadership (Directors, Asst. Directors, Clinical Nurse Manager) <input checked="" type="checkbox"/> Pharmacy - Send to DeAnne Brooks & Jim Hasspacher <input type="checkbox"/> #IM Residents <input type="checkbox"/> Kim Helsabeck <input type="checkbox"/> Phlebotomy Managers and Supervisors <input type="checkbox"/> Point of Care: Sheila, Kim & Marty</p>
<p>Accreditation Section:</p>	<p>Click on the boxes that apply:</p> <p><input checked="" type="checkbox"/> Section Not Applicable <input type="checkbox"/> CAP Test menu change needed <input type="checkbox"/> CMS Analyte form change needed <input type="checkbox"/> Proficiency Testing surveys changes needed or ordered</p>
<p>Laboratory IT section:</p>	<p>Click box and type needed changes/additions:</p> <p><input type="checkbox"/> Section Not Applicable <input checked="" type="checkbox"/> LIS changes <input checked="" type="checkbox"/> Reference range change/addition</p>

	<p>Update the following reference intervals: PT → 11.4 – 15.2 s PTT → 24 – 36 s FIBR → 210 – 475 mg/dL INR → Remove reference interval</p> <p><input type="checkbox"/> Technical Failure change/addition <input type="checkbox"/> Critical Value change/add <input type="checkbox"/> Text comments needed <input type="checkbox"/> Specimen collection instructions <input type="checkbox"/> Need to monitor TAT <input type="checkbox"/> CPT code for tests(s)</p> <p>Update control code IDs in Sunquest for all Stagos:</p> <p>C-COAN = Q12373 C-COAP = Q12374</p>									
<p>Technical Staff Update:</p>	<p>The Cone Health laboratories will convert to the new lot of PT, PTT, FIBR, and QC on July 26, 2017 at 10 am. (Note: Moses Cone will not switch to FIBR Lot 251221. They previously verified Lot 251088 and will continue to use it until supply is low. ClarityCor system correlation performed with 251088 at Moses Cone to prove no statistical difference between the sites. All results acceptable.)</p> <p>While no reference interval adjustments were required based on the lot conversion studies, the laboratories will standardize reference ranges at midnight on 7/26/2017.</p> <p>New Reference Intervals: PT → 11.4 – 15.2 s New Geometric Mean: 13.2 s New ISI: 1.25 INR → No reference interval reported PTT → 24 – 36 s FIBR → 210 – 475 mg/dL</p> <p>In addition, the laboratories (EXCEPT MedCenter Mebane) will switch to the COAN and COAP Plus controls. These new controls are stable on the instrument for 24 hours.</p> <table border="1" data-bbox="423 1549 1455 1665"> <thead> <tr> <th>Control</th> <th>COAN/COAP (Mebane Only)</th> <th>COAN/COAP (All Other Sites)</th> </tr> </thead> <tbody> <tr> <td>Volume</td> <td>1.0 mL</td> <td>2.0 mL</td> </tr> <tr> <td>Stability</td> <td>8 hours</td> <td>24 hours</td> </tr> </tbody> </table> <p>On the day of the lot conversion, each site must do the following:</p> <ol style="list-style-type: none"> 1. Update the reference intervals in the Test Methodology section of the analyzers for PT, PTT, and FIBR as required. 	Control	COAN/COAP (Mebane Only)	COAN/COAP (All Other Sites)	Volume	1.0 mL	2.0 mL	Stability	8 hours	24 hours
Control	COAN/COAP (Mebane Only)	COAN/COAP (All Other Sites)								
Volume	1.0 mL	2.0 mL								
Stability	8 hours	24 hours								

	<ol style="list-style-type: none"> 2. All sites (except MedCenter Mebane) will need to adjust the QC files in the instrument to reflect the change to the new Plus controls. 3. Each site must updated each Stago with <u>new ISI 1.25</u> and <u>new geometric mean 13.2 s.</u> 4. Before reporting the first patient tested after the conversion, each site must calculate the INR manually, compare to printed analyzer INR and document in lot conversion notebook. 5. After go live, sites should <u>perform QC every 4 hours for 5 days.</u> <p>See attached detailed instructions for more information.</p> <p>If any problems occur during the lot conversion, please contact Jackie Hobbins at 336-832-8397 or 919-523-1611.</p>
<p>STOP Initiator:</p>	<p>Jackie Hobbins</p>
<p>Alamance Medical Director Signature:</p>	<p>Quality Department will obtain signature: </p>
<p>Greensboro/Reidsville Medical Director Signature:</p>	<p>Quality Department will obtain signature: </p>

Lot Conversion Tasks:

1. Build QC files in Sunquest. **Use historic standard deviations.**
Note: Alamance has been running the new lot of QC on their ARSTA1 since Monday. You can look at their LJs to see how they are recovering to help gauge where your mean should be.

2. Delete Patient files on the Stago.
 - a. Stago Compact Max: Test Panel → Patient Analyses → Patient files → Select Waste Basket/Delete → Select All files

 - b. Stago Compact: Files menu → Delete Patient Files → Press F4 to delete

3. Adjust reference ranges as applicable in instrument for PT, PTT, and FIBR.
Print screenshots of changes and file under tab 2 in your notebook behind applicable page.
 - a. Stago Compact Max: Methodologies → Select Test → Modify → Select Page 3 → Edit Usual Values section to new reference ranges.

 - b. Stago Compact: Setup → Tests → Select Test → Page Down to page 3 → arrow over the Usual Values and make necessary changes → ESC and Save before Quitting

4. Adjust QC in analyzer for new 24 hour stability
Print screenshots of changes and file under tab 2 in your notebook behind applicable page.
 - a. Stago Compact Max: Follow attached instructions for Stago Compact Max analyzer.

 - b. Stago Compact: Follow attached instructions for Stago Compact.

5. Load reagents and QC.
Print screenshots of calibration screens for PT, PTT, and FIBR and file under tab 2 in your notebook behind applicable page.

Refer to COAG-0540-CH Parallel Testing with Coagulation

6. Perform INR verification
Remember to use a **scientific** calculator. You can change the calculator on Windows PCs to be scientific by selecting View → Scientific.
File INR verification under tab 2 in your notebook behind applicable page.

Post Lot Conversion Tasks:

1. Perform QC every 4 hours for 5 days to assess control stability.

See attached schedules to post at bench to help your techs:

AP, AR, MC, MHP, WH, and WL Stago Lot Conversion QC Sign Off
MedCenter Mebane Stago Lot Conversion QC Sign Off

2. At the end of 5 days, print LJs and adjust means to reflect recovery. Fill out QM-1508F-CH Quality Control Lot Verification form. This is an assayed control.

File signed QM-1508F in notebook under tab 2.

Please make all necessary adjustments by August 3rd. I will audit on August 4th to verify this has been done to prevent some issues we've seen in the past.

3. Continue to monitor QC during weekly and monthly LJ review and adjust if necessary.

Stago Compact Max Instructions for QC Setups

How to update the test set up for the STA Coag N and ABN Plus


1. Access the patient files from the **Test panel**, click **Patient analyses** and then **Patient files**.

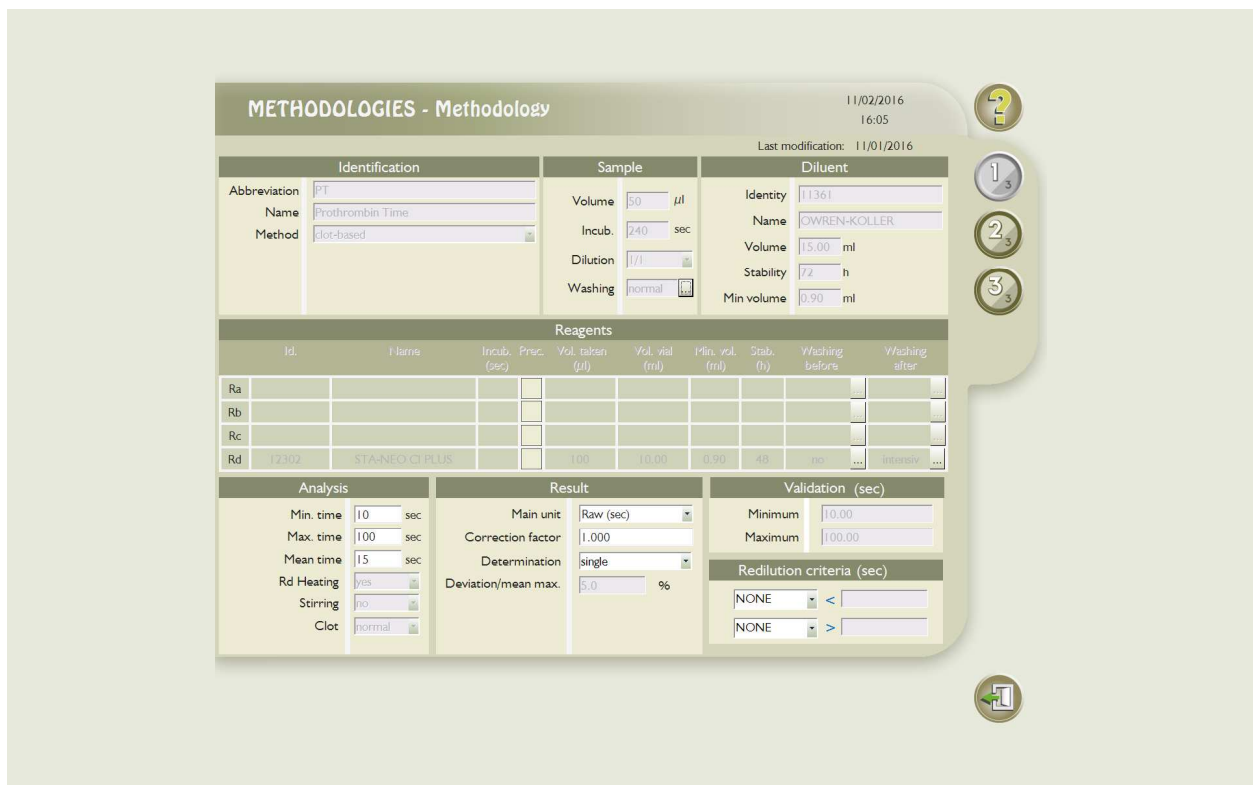
Click .

- a. Window **Delete Files** appears
- b. To delete all the files, select **ALL FILES**
- c. Click **Delete**

2. Once all of the patient files have been deleted, from the **Test panel**, select **Methodologies**.

- a. Double click on the methodology that needs to be modified.

- b. Once you have opened up the test methodology, click on  on the right side of the page.



METHODOLOGIES - Methodology 11/02/2016 16:05
Last modification: 11/01/2016

Identification		Sample		Diluent	
Abbreviation	PT	Volume	50 µl	Identity	11361
Name	Prothrombin Time	Incub.	240 sec	Name	OWREN-KOLLER
Method	Clot-based	Dilution	1/1	Volume	15.00 ml
		Washing	normal	Stability	72 h
				Min volume	0.90 ml

Reagents									
Id.	Name	Incub. Presc. (sec)	Vol. testan (µl)	Vol. reagent (ml)	Min. vol. (ml)	Stab. (h)	Washing before	Washing after	
Ra									
Rb									
Rc									
Rd	12302 STA-NEO.CI.PLUS		100	10.00	0.90	48	no	introduce	

Analysis		Result		Validation (sec)	
Min. time	10 sec	Main unit	Raw (sec)	Minimum	10.00
Max. time	100 sec	Correction factor	1.000	Maximum	100.00
Mean time	15 sec	Determination	single	Redilution criteria (sec)	
Rd Heating	yes	Deviation/mean max.	5.0 %	NONE	<
Stirring	no			NONE	>
Clot	normal				

- c. Once on page 3 of the methodology, you will need to change the **"Identity"** of the QC that you will be using. (For the Coag N and ABN Plus, the new identity is 12373 for Coag N and 12374 for Coag ABN).

METHODOLOGIES – Quality controls and printout/transmission 11/03/2016
08:33

PT: Prothrombin Time

Quality controls

Lev.	Identity	Key	Name	Period (h)	Stab. (h)	Vol. (ml)	Min. vol. (ml)
1	12349	7 ...	STA-COAG CONT N	6	8	1.00	0.50
2	12353	4 ...	STA-COAG ABN	6	8	1.00	0.50
3							

Parameters


Unit	Conversion factor	User Printout	Transmission rank
Raw (sec)		<input checked="" type="checkbox"/>	1 ...
INR		<input checked="" type="checkbox"/>	2 ...
Ref.T		<input checked="" type="checkbox"/>	0 ...
None		<input type="checkbox"/>	


Usual values

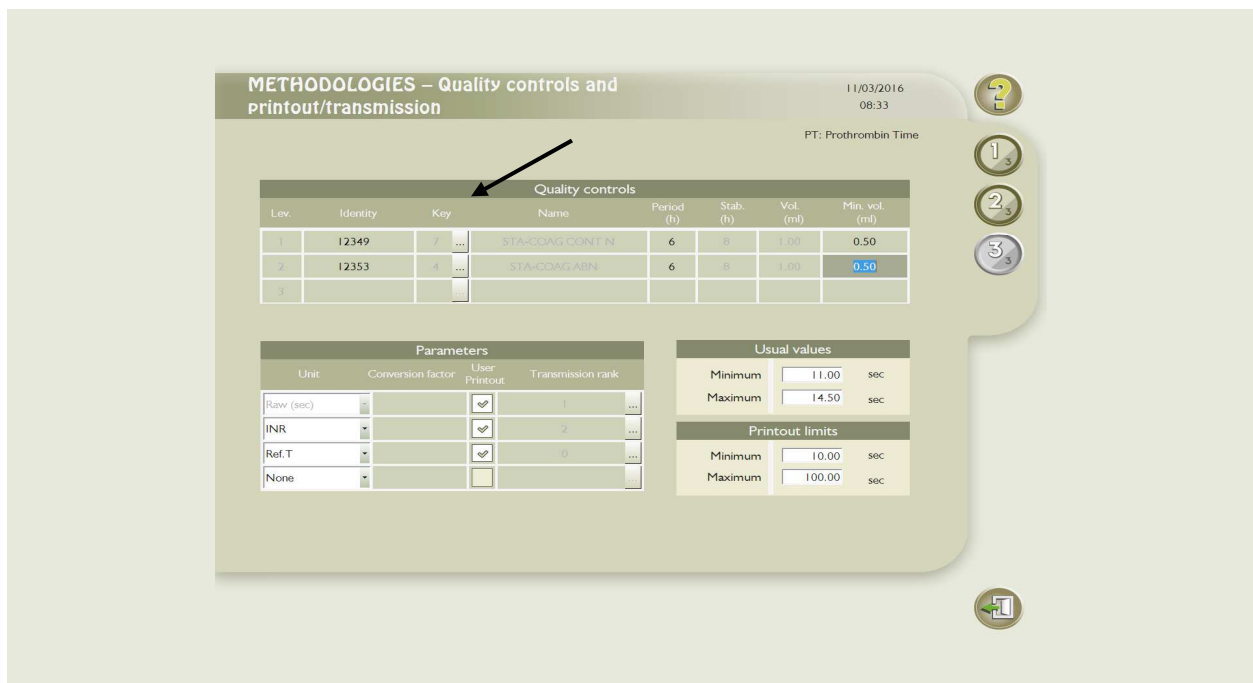
Minimum	<input type="text" value="11.00"/>	sec
Maximum	<input type="text" value="14.50"/>	sec

Printout limits

Minimum	<input type="text" value="10.00"/>	sec
Maximum	<input type="text" value="100.00"/>	sec



- d. Next, you will need to change choose the “Key” for the QC. Click the  and a drop-down box of options will appear. Choose the appropriate test option for the methodology you are in, i.e. Neoplastine CI Plus sec.




- The **Name** should self-populate when you type in the identity.
- Next, adjust the **Period, Stability, Volume** and **Min. Volume** as needed.
 - Period = 8 hours
 - Stability = 24 hours
 - Volume = 2 ml

Min. Volume = 0.5ml

- g. Complete the same information for the Coag ABN Plus.



- h. Click  and save the Test Set Up changes.

METHODOLOGIES – Quality controls and printout/transmission 03/01/2016
09:23

PT+ \$: Prothrombin Time

Quality controls

Lev.	Identity	Key	Name	Period (h)	Stab. (h)	Vol. (ml)	Min. vol. (ml)
1	12373	4	STA-PT/PT-INR	8	24	2.00	0.50
2	12374	4	STA-COAGABN+	8	24	2.00	0.50
3							

ACCESS CODE

Please enter your access code:

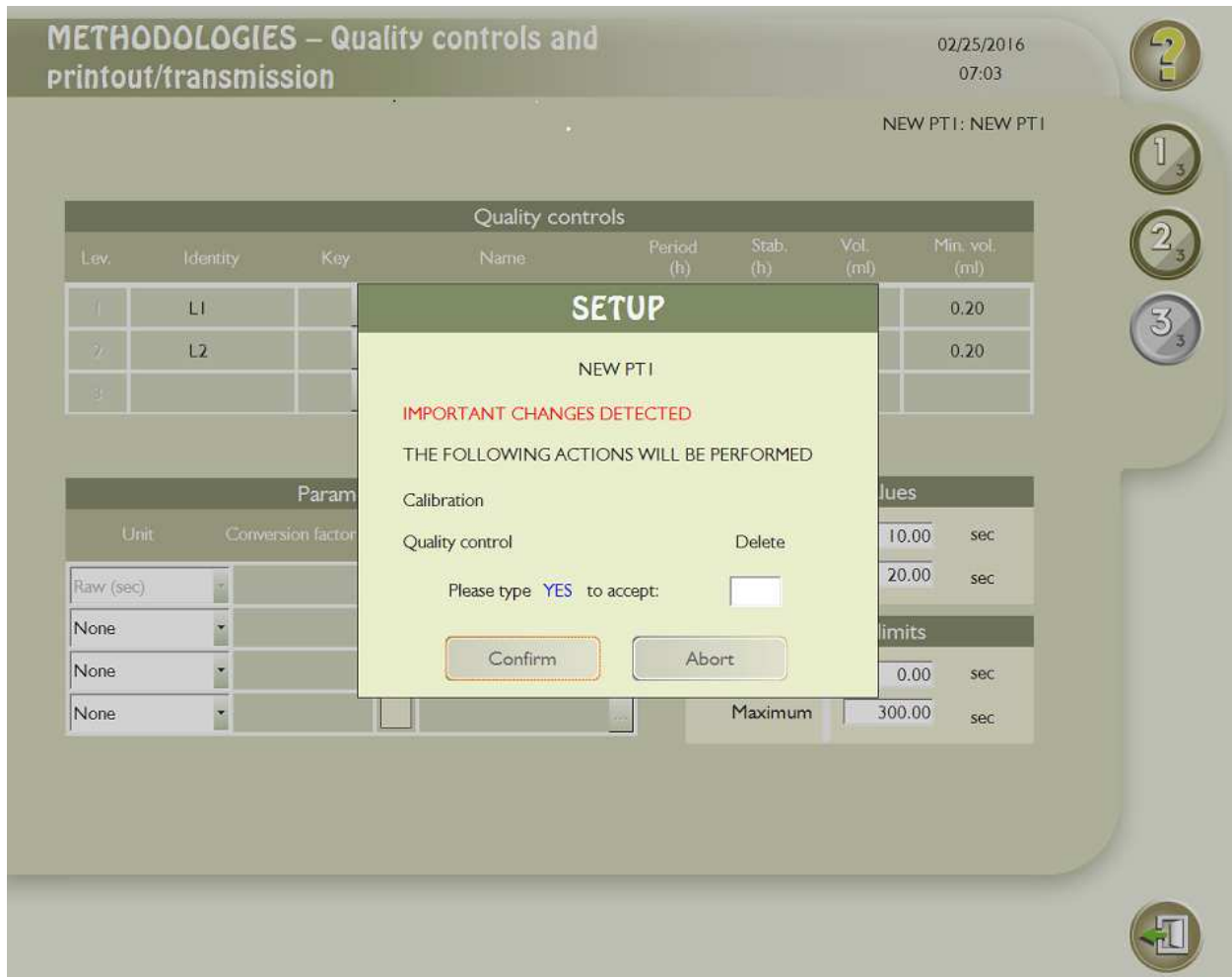
Confirm
Cancel

Unit	Conversion factor	Parameter	values
Raw (sec)			11.00 sec
INR			14.50 sec

Printout limits

Minimum	0.00	sec
Maximum	120.00	sec

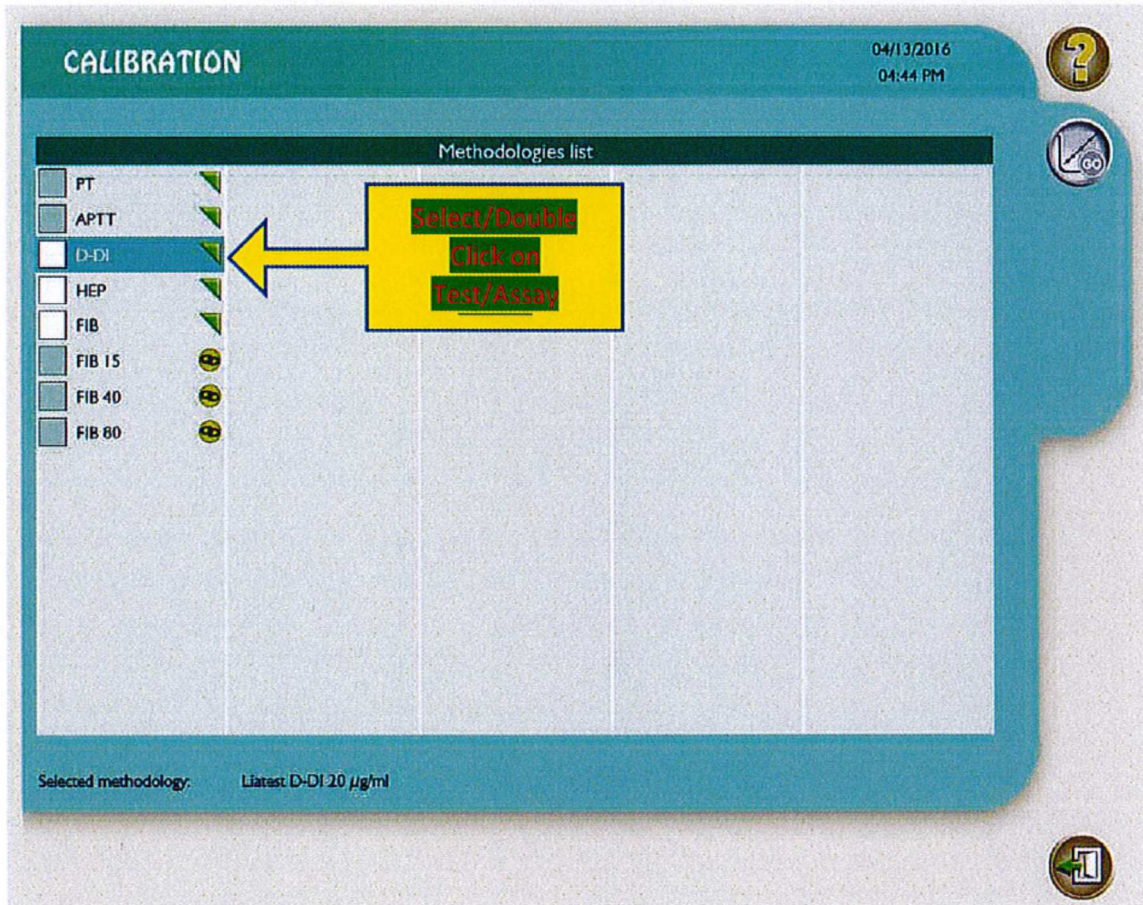
It will tell you that the following actions will be performed and wants you to type "Yes" to accept.

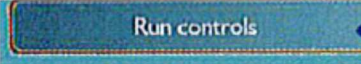


Click on **Confirm**.

(Note: verify that there are no controls on page 2 of the test setup. If there are controls defined on page 2 (calibration page you must change them as well to make them match the ID's above on third page of test setup)).

3. Make the same adjustments to each Methodology that will use the new STA Coag N and ABN Plus QC.
4. Load the new QC and run QC for each test.
 - a. If you are using the same lot of reagent, but changing QC only, you will need to "recalibrate". For this example, D-Dimer is selected.
 - b. From the Calibration Page, click on the Test ID of interest



- c. From the Calibration page 1, select 
- d. Enter the Access/Password Code and confirm.



- e. Calibration page 2 will pop up and you can then select the lot number you want to calibrate:

Identity	Name	Lot
12048	TAMP./BUF. D-DI	113823
		113823
		114105
		114477
12049	LATEX D-DI	114828

- f. Once you have selected the correct lot, the drop down field will populate

Reagents		
Identity	Name	Lot
12048	TAMP./BUF. D-DI	114477
12049	LATEX D-DI	114477



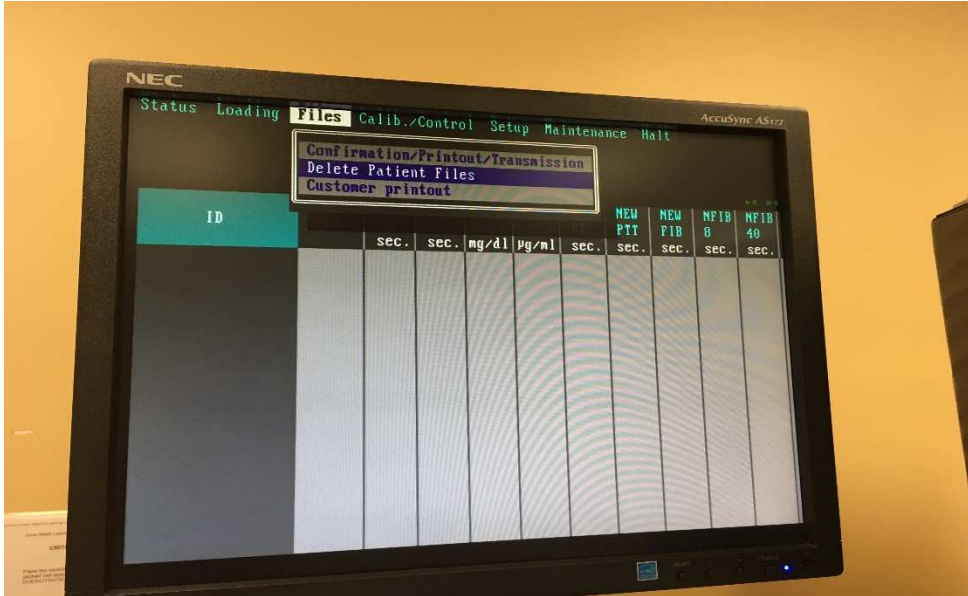
Select

The instrument will run the new calibration with the new QC.

15 Stago Compact Classic Instructions for QC Set Up

How to update the test set up for the STA Coag N and ABN Plus –Classic Compact

1. Access the patient files from the **Test panel**, click **Files** and then **Delete Patient files**.

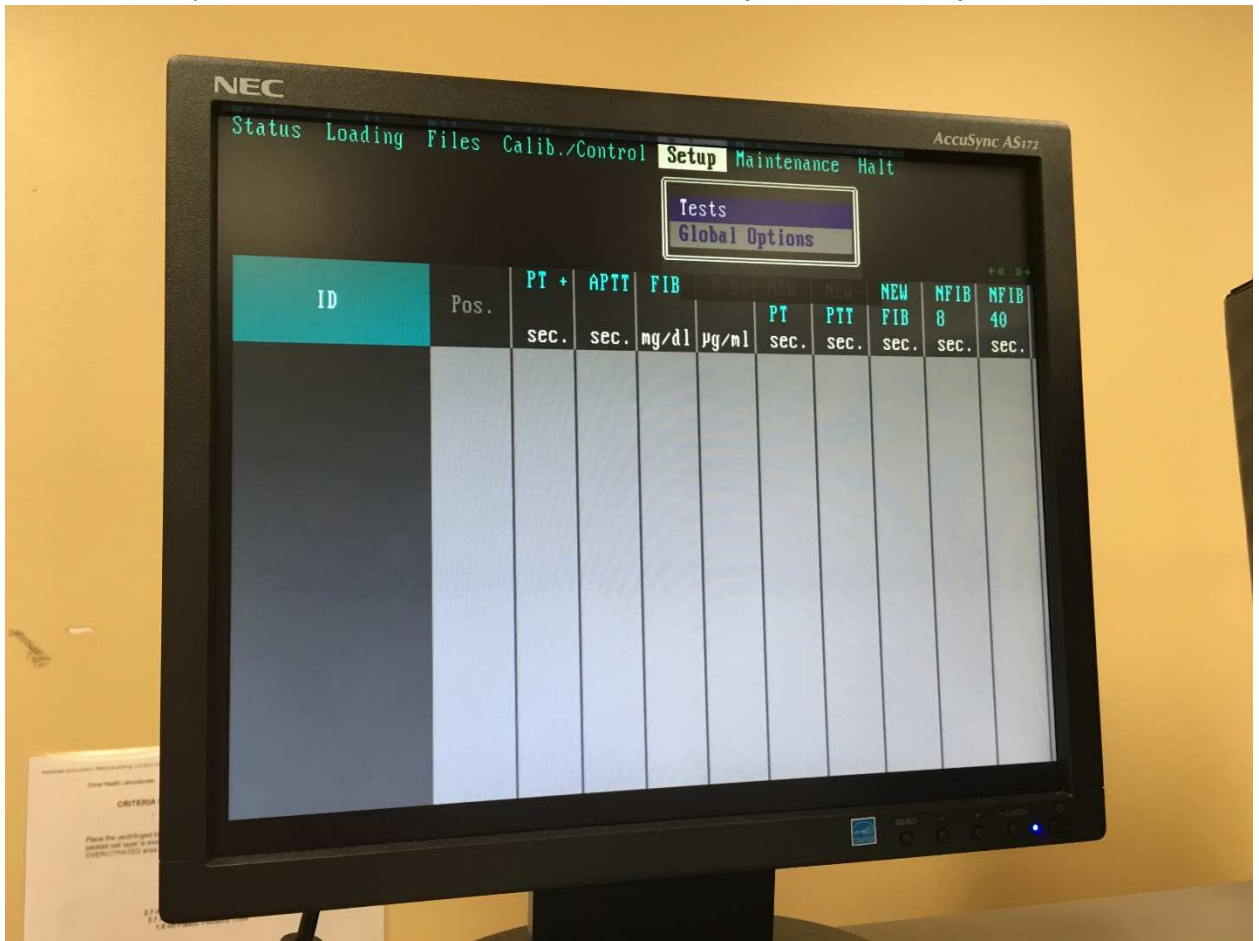


2. You will need to select the files to be deleted (all files), using F1 for the beginning of the list and F2 for the End of the list. Select F10 to Execute and type in YES when prompted.

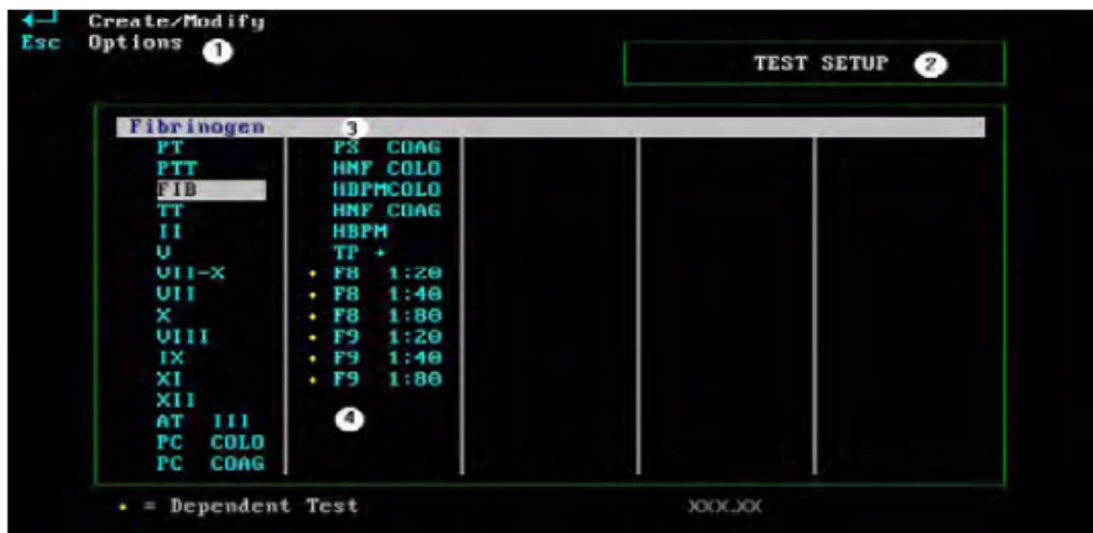
FIG. 4 - FILE SELECTION WINDOW



3. Once all of the patient files have been deleted, from the **Test panel**, select **Setup, Tests**



- a. Double click on the methodology that needs to be modified. In these directions we will be looking at Fibrinogen.



- b. Once you have opened up the test methodology, in this case Fibrinogen, page down to page 2.

PRINT QC

⌘: Next Page F6: Print TEST SETUP - Page 1/3
 F4: Dependent Test
 Esc: Quit Latest Modification : 06 09 2007

Abbreviation		Name		Method	
FIB		Fibrinogen ZmL		clot-based	

Sample			Diluant				
Volume	Incu.	Dil.	ID	Name	Vial	Stab.	Min. Volume
100 µl	240 sec	1/20	11361	DWREN-KOLLER	15 ml	144 h	0.90 ml

Reagents							
ID	Name	Incub	Vol.	Vial	Stab	Min. Volume	Washing
		sec	µl	ml	h	(ml)	Before After
Ra							
Rb							
Rc							
Rd 12215	STA-FIB 2		50	2	192	0.50	no special

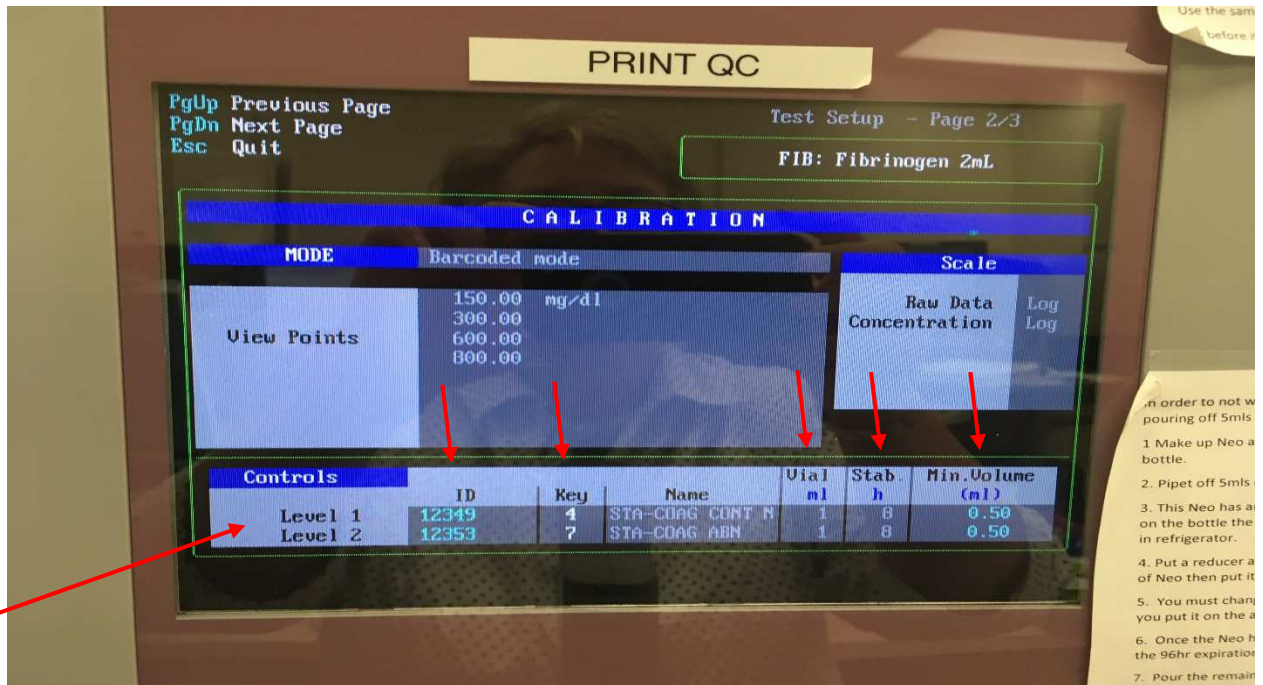
Analysis		Result		Validation (mg/dl)	
Min. Time	4	Primary Units	mg/dl	Min.	Max.
Max. Time	80	Corrector	1.000	60.00	1200.0
Mean Time	30	Single/Duplicate	duplic		
Rd Heating	No	Precision	10.0 %	Redil. Condition (mg/dl)	
Stirring	No	coef1	0.00000	1/8	< 150.00
Clot Type	low	coef2	1.00000	1/40	> 800.00
		offset	0.00000		

Use the same bott
 before it expir

in order to not waist Ne
 pouring off 5mls at a ti

1. Make up Neo as usua
 bottle.
2. Pipet off 5mls of Neo
3. This Neo has an expir
 on the bottle the expira
 in refrigerator.
4. Put a reducer and stir
 of Neo then put it on the
5. You must change the
 you put it on the analyze
6. Once the Neo has bee
 the 96hr expiration remo
7. Pour the remaining Ne
 bottle and put back on the
 forget to change the amou

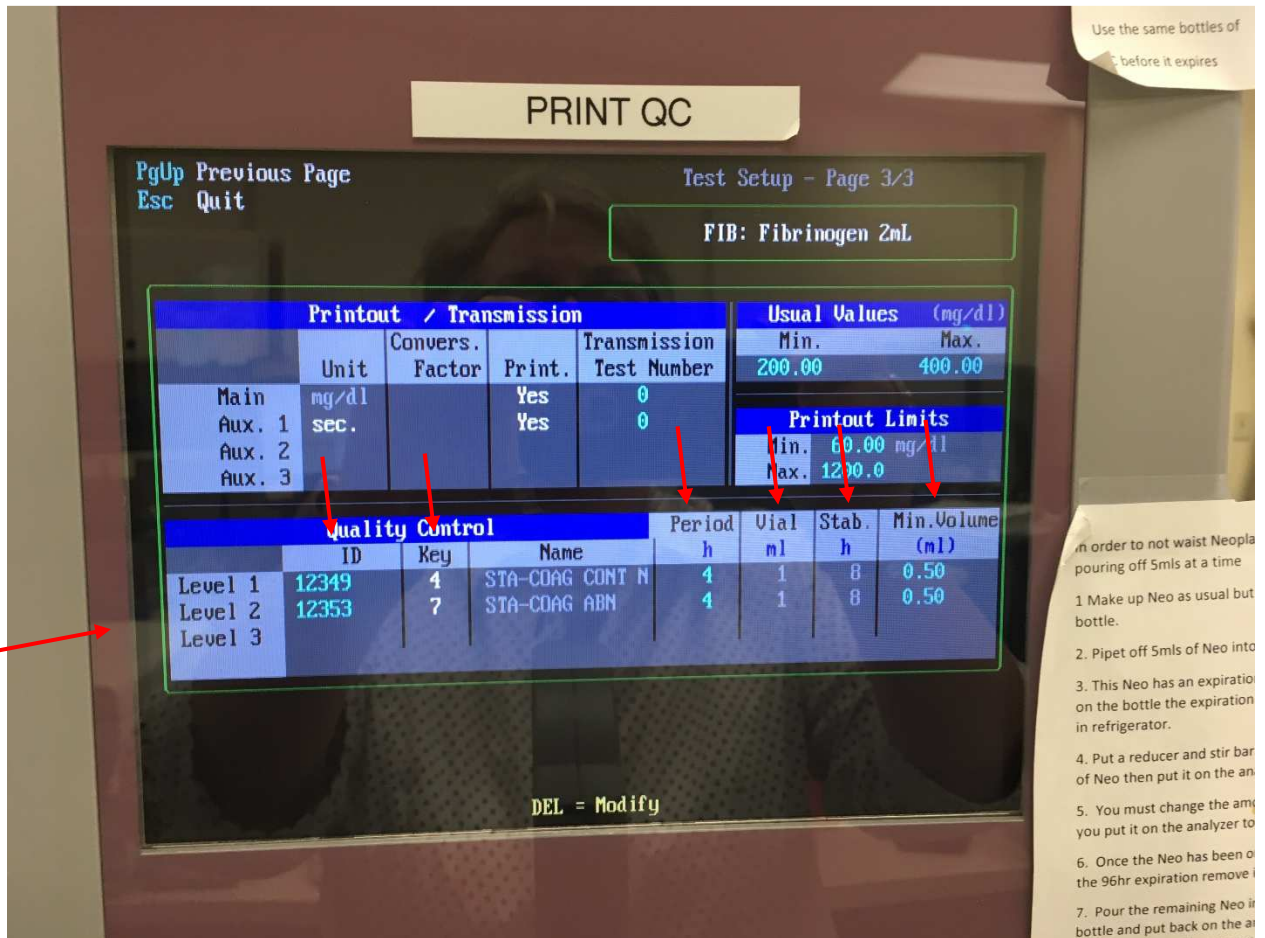
- c. On page 2 of Fibrinogen, you will need to change the “Identity”, “key”, “vial”, “stability” and “min. vol.” of the QC that you will be using.
- d. For the Coag N and ABN Plus, the new identity is 12373 for Coag N [Level 1] and 12374 for Coag ABN [Level 2]).



- e. Next, you will need to choose the “Key” for the QC. Click the **DEL** key and a drop-down box of options will appear. Choose the appropriate test option for the methodology, in this case, scroll down to #10 and Enter.



- f. Next, adjust the **Stability, Volume** and **Min. Volume** as needed.
 Stability = 24 hours
 Volume = 2 ml
 Min. Volume = 0.5ml
- g. Page down to page 3 of the test set up

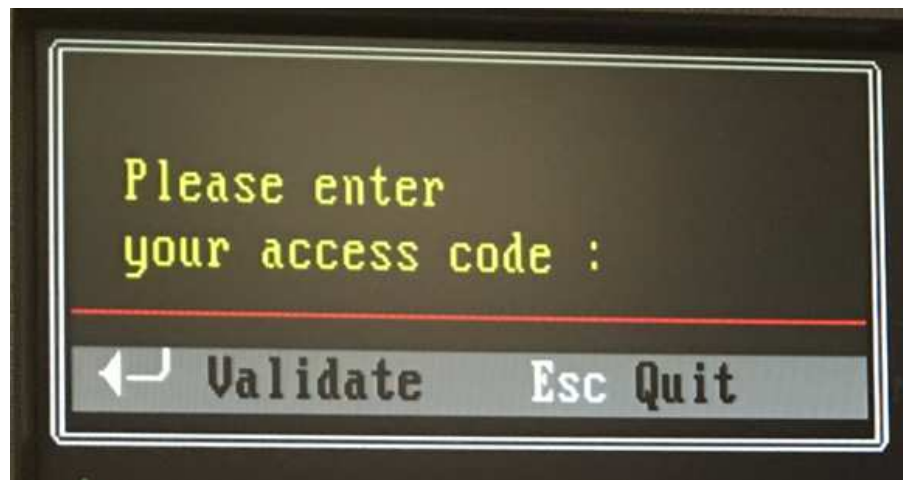
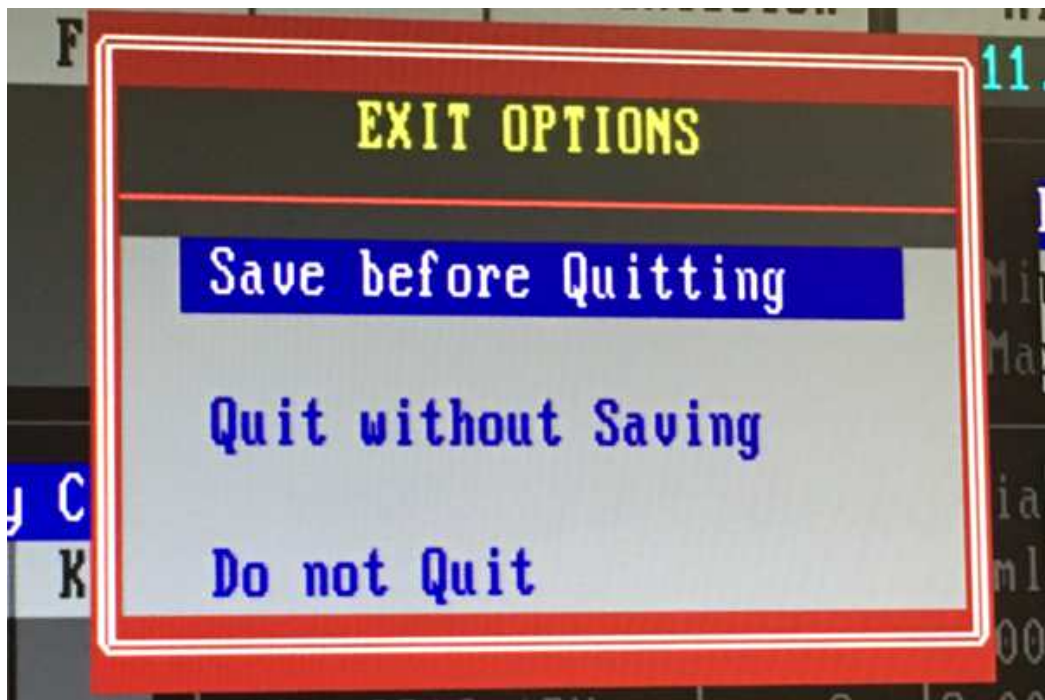


- h. You will need to input the correct **ID** for the Coag N (12373) and Coag ABN (12374) and select the correct **KEY** just like on page 2.
- i. The **Name** should self-populate when you type in the identity.
- j. Next, adjust the **Period, Stability, Volume** and **Min. Volume** as needed.
 Period = 8 hours
 Stability = 24 hours
 Volume = 2 ml
 Min. Volume = 0.5ml

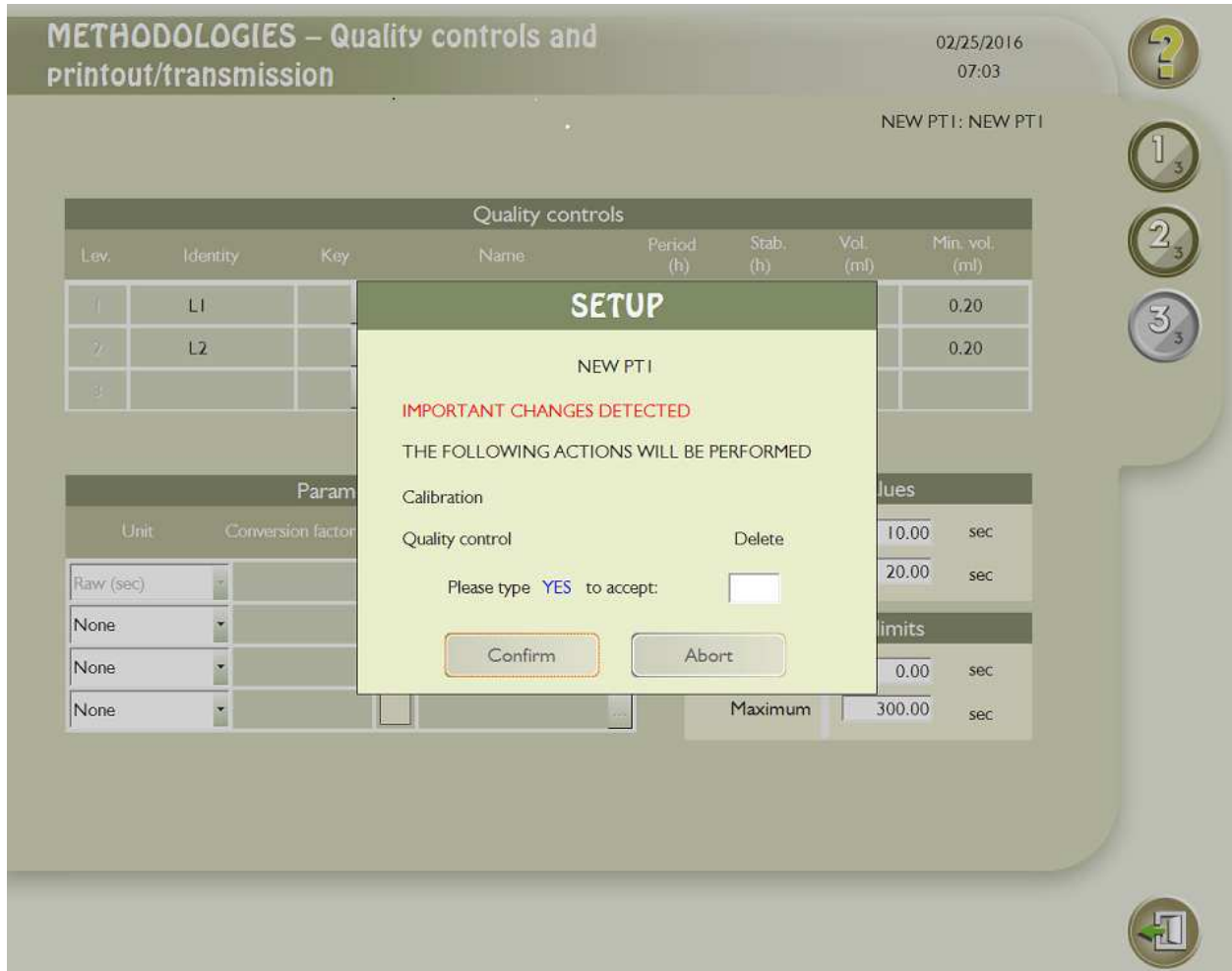
- k. Here is how the new 24 hour Coag N and Coag ABN should look:

Quality Control				Period	Vial	Stab.	Min. Volume
	ID	Key	Name	h	ml	h	(ml)
Level 1	12373	4	STA-COAG N+	8	2.00	24	0.50
Level 2	12374	4	STA-COAG ABN+	8	2.00	24	0.50
Level 3							

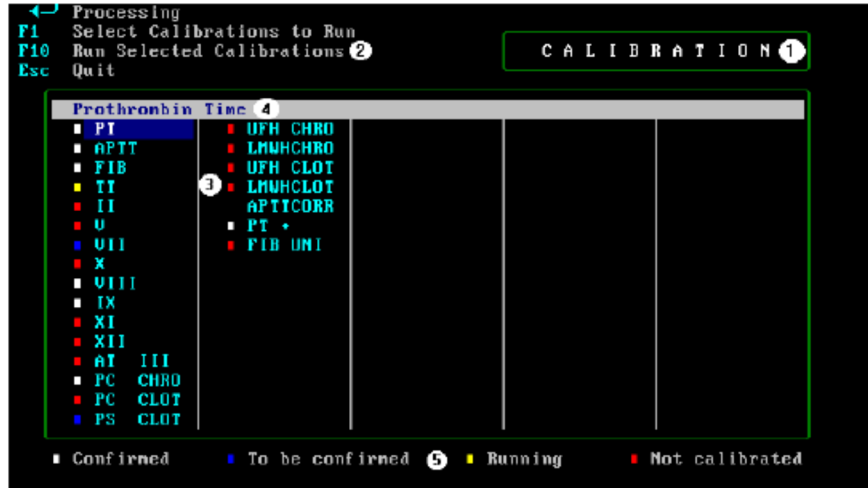
- l. Click **ESC** save the Test Set Up changes, and enter your access code.



It will tell you that the following actions will be performed and wants you to type “Yes” to accept. (the screen will look very *similar* to this picture...)



4. Make the same adjustments to each Methodology that will use the new STA Coag N and ABN Plus QC. PT and PTT may not have controls in page 2 of the test set up and that is ok...simply go to page 3 and proceed.
5. Load the new QC and run QC for each test.
 - a. If you are using the same lot of reagent, but changing QC only, you will need to “recalibrate”.
 - b. From the Calibration page 1, select Fibrinogen using F1. Then select F10 to run the Calibration.



The instrument will run the new calibration with the new QC.

AP, AR, MC, MHP, WH, WL

Stago Lot Conversion QC Sign Off						
	N/A	N/A	1000	1400	1800	2200
Tech						
	200	600	1000	1400	1800	2200
Tech						
	200	600	1000	1400	1800	2200
Tech						
	200	600	1000	1400	1800	2200
Tech						
	200	600	1000	1400	1800	2200
Tech						
	200	600	1000	N/A	N/A	N/A
Tech						

***Shaded times indicate when new QC is to be made**

COAN and COAP must be made with
2 mL of reagent grade water.

MedCenter Mebane

Stago Lot Conversion QC Sign Off						
	N/A	N/A	1000	1400	1800	2200
Tech						
	200	600	1000	1400	1800	2200
Tech						
	200	600	1000	1400	1800	2200
Tech						
	200	600	1000	1400	1800	2200
Tech						
	200	600	1000	1400	1800	2200
Tech						
	200	600	1000	N/A	N/A	N/A
Tech						

***Shaded times indicate when new QC is to be made**

TO: Medical and Pharmacy Staff

FROM: John Patrick, MD, FCAP, FASCP
 Greensboro and Reidsville Hospital Laboratories Medical Director, Cone Health

John Patrick, MD 7/13/17

Tara Rubinas, MD, FACP, FASCP
 Medical Director, Anatomic and Clinical Pathology Laboratories, Alamance Regional – Cone Health

Tara C. Rubinas MD 7/24/17

DATE: July 20, 2017

The Cone Health hospital laboratories conducted new coagulation reagent correlation studies and found no clinically significant differences between the two lot numbers. While typically this would indicate no need for reference range updates, we are pleased to announce that minor reference range adjustments will be made to standardize the Greensboro/Reidsville and Alamance campuses.

The laboratory will update the ISI of the new PT reagent (Lot 251218) to 1.25 on **July 26, 2017 at 10:00 am.**

Assay	Current Range Greensboro	Current Range Alamance	Range on 7/26/2017	Units
Unfractionated Heparin	0.30 – 0.70	0.30 – 0.70	0.30 – 0.70	IU/mL
Low Molecular Weight Heparin	0.50 – 1.20	N/A Not Reported	0.50 – 1.20	IU/mL
Prothrombin Time (PT)	11.6 – 15.2	11.4 – 15.0	11.4 – 15.2	Seconds
Partial Thromboplastin Time (aPTT)	24 – 37	24 – 36	24 - 36	Seconds
Fibrinogen	204 – 475	210 – 470	210 - 475	mg/dL

The following assays are available to monitor anticoagulants:

Assay:	Anticoagulant:
Prothrombin Time (PT)	Warfarin (Coumadin)
Activated Partial Thromboplastin Time(aPTT)	*Unfractionated Heparin, Direct Thrombin Inhibitors (Bivalirudin and Argatroban)
Heparin Assay (Anti-Xa)	*Unfractionated Heparin
Low Molecular Weight Heparin (Anti-Xa)	Enoxaparin, Dalteparin, Tinzaparin

Recommendations for monitoring anticoagulant therapy:

For an anticoagulant naïve patient a baseline PT and aPTT should be performed before choosing anticoagulant therapies. If the baseline results are not within the normal range, it is recommended that a patient risk assessment be done before proceeding with therapy. Direct oral anticoagulants (apixaban, edoxaban, dabigatran or rivaroxaban) interfere with routine coagulation tests. Interpretation of lab results should be done with caution without knowing the time of when the patient’s last dose was taken.

*Heparin levels are measured by an anti-Factor Xa assay and reported in IU/mL of activity. This is a direct measurement of the patient drug level and avoids the lack of specificity inherent in the aPTT assay. Studies indicate that monitoring of heparin therapy using anti-Xa levels, as opposed to the aPTT, can more quickly achieve patient therapeutic ranges and shorten hospital stays. If a patient heparin level is not in the expected range, and patient dosage has been confirmed, the Antithrombin III Assay is available to assess possible heparin resistance.

Monitoring of the Factor Xa Inhibitors Fondaparinux, Rivaroxaban, Apixaban, and Edoxaban appear to be unnecessary for most patients. Assay techniques and target ranges for FXa Inhibitors have not been rigorously standardized and there is very little information relating anti-Xa levels to clinical outcomes. Currently, Cone Health Laboratories do not perform specially-calibrated assays to monitor FXa Inhibitors.

If there are any questions, please contact Dr. John Patrick at 832-7531 / jdpatrick@auroradx.com or Dr. Tara Rubinas at 538-7832 / tara.rubinas@conehealth.com

Alamance Regional Medical Center
1240 Huffman Mill Rd.
Burlington, NC 27215

INTERIM REPORT

NAME: TESTING, LAB

MRN : 123456789

LOC: EDA

AGE: 31Y SEX: M

ACCT: 111

MD: DEFAULT, PROVIDER

DOB: 07/15/1986

M275 COLL: 07/24/2017 11:50 REC: 07/24/2017 11:51 PHYS: DEFAULT, PROVIDE

FIBRINOGEN	H 477	[210-475]	mg/dL	{AH}
PROTHROMBIN TIME				
PROTHROMBIN TIME	H 16.2	[11.4-15.2]	seconds	{AH}
INR	1.97			{AH}
aPTT	H 40	[24-36]	seconds	{AH}

{AH} = Performed at Alamance Hospital Lab, 1240 Huffman Mill Rd.,
Burlington, NC 27215

Julia Patricia, MD
7/25/17

Julia C. Patricia, M.D.
7/24/17

Moses Cone Memorial Hospital
1200 N. Elm Street
Greensboro, NC 27401

INTERIM REPORT

NAME: TESTING, LAB

MRN : 123456789

LOC: MAJO

AGE: 31Y SEX: M

ACCT: 111

MD: DEFAULT, PROVIDER

DOB: 07/15/1986

M274 COLL: 07/24/2017 11:49 REC: 07/24/2017 11:50 PHYS: DEFAULT, PROVIDE

FIBRINOGEN	L 208	[210-475]	mg/dL	{MC}
PROTHROMBIN TIME				
PROTHROMBIN TIME	H 15.5	[11.4-15.2]	seconds	{MC}
INR	1.78			{MC}
aPTT	H 38	[24-36]	seconds	{MC}

IF BASELINE aPTT IS ELEVATED,
SUGGEST PATIENT RISK ASSESSMENT
BE USED TO DETERMINE APPROPRIATE
ANTICOAGULANT THERAPY.

{MC} = Performed at Moses Cone Hospital Lab, 1200 N. Elm St.,
Greensboro, NC 27401

Julia Patterson, MD
7/25/17

Isaac R. MD
7/24/17

Alamance Regional Medical Center
1240 Huffman Mill Rd.
Burlington, NC 27215

INTERIM REPORT

NAME: TESTING, LAB

MRN : 123456789

ACCT: 111

LOC: MUC

MD: DEFAULT, PROVIDER

AGE: 31Y SEX: M

DOB: 07/15/1986

M276 COLL: 07/24/2017 11:51 REC: 07/24/2017 11:52 PHYS: DEFAULT, PROVIDE

FIBRINOGEN	306	[210-475]	mg/dL	{AH}
PROTHROMBIN TIME				
PROTHROMBIN TIME	H 15.7	[11.4-15.2]	seconds	{UC}
INR	1.78			{UC}
aPTT	35	[24-36]	seconds	{AH}

{AH} = Performed at Alamance Hospital Lab, 1240 Huffman Mill Rd.,
Burlington, NC 27215

{UC} = Performed at Mebane Urgent Care Center Lab, 3940 Arrowhead
Blvd., Mebane, NC 27302

Julien Patenaude, MD
7/25/17

Lara C. Robinson M.D. 7/24/17