LabCorp

Patient Report

Specimen ID:
Control ID:

Acct #: Phone: Rte:

Patient Details	Specimen Details	Physician Details
DOB:	Date collected:	Ordering:
Age(y/m/d):	Date received:	Referring:
Gender: SSN:	Date entered:	ID:
Patient ID:	Date reported:	NPI:

General Comments & Additional Information

Clinical Info:
Clinical Info:

Alternate Control Number:
Total Volume:

Alternate Patient ID:
Fasting:

Ordered Items

TESTS	RESULT	FLAG	UNITS	REFERENCE INTERVAL	LAB

Factor II, DNA Analysis

Factor II, DNA Analysis NEGATIVE

No mutation identified.

Comment:

A point mutation (G20210A) in the factor II (prothrombin) gene is the second most common cause of inherited thrombophilia. The incidence of this mutation in the U.S. Caucasian population is about 2% and in the African American population it is approximately 0.5%. This mutation is rare in the Asian and Native American population. Being heterozygous for a prothrombin mutation increases the risk for developing venous thrombosis about 2 to 3 times above the general population risk. Being homozygous for the prothrombin gene mutation increases the relative risk for venous thrombosis further, although it is not yet known how much further the risk is increased. In women heterozygous for the prothrombin gene mutation, the use of estrogen containing oral contraceptives increases the relative risk of venous thrombosis about 16 times and the risk of developing cerebral thrombosis is also significantly increased. In pregnancy the prothrombin gene mutation increases risk for venous thrombosis and may increase risk for stillbirth, placental abruption, pre-eclampsia and fetal growth restriction. If the patient possesses two or more congenital or acquired thrombophilic risk factors, the risk for thrombosis may rise to more than the sum of the risk ratios for the individual mutations. This assay detects only the prothrombin G20210A mutation and does not measure genetic abnormalities elsewhere in the genome. Other thrombotic risk factors may be pursued through systematic clinical laboratory analysis. These factors include the R506Q (Leiden) mutation in the Factor V gene, plasma homocysteine levels, as well as testing for deficiencies of antithrombin III, protein C and protein S.

Additional Information:

Genetic Counselors are available for health care providers to discuss results at 1-800-345-GENE (4363).

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Methodology:
DNA analysis of the Factor II gene was performed by PCR amplification followed by restriction analysis. The diagnostic sensitivity is >99% for both. All the tests must be combined with clinical information for the most accurate interpretation. Molecular-based testing is highly accurate, but as in any laboratory test, diagnostic errors may occur. This test was developed and its performance characteristics determined by LabCorp. It has not been cleared or approved by the Food and Drug Administration.

Poort SR, et al. Blood. 1996; 88:3698-3703.
Varga EA. Circulation. 2004; 110:e15-e18.
Martinelli I, et al. Arterioscler Thromb Vasc Biol. 1999; 19:700-703.

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