

Specimen ID:
 Control ID:

Acct #:

Phone:

Rte:

Patient Details

 DOB:
 Age(y/m/d): Gender:
 SSN:
 Patient ID:

Specimen Details

 Date collected:
 Date received:
 Date entered:
 Date reported:

Physician Details

 Ordering:
 Referring:
 ID:
 NPI:

General Comments & Additional Information

Alternate Control Number:

Total Volume:

Ordered Items

Alternate Patient ID: Fasting:

TESTS	RESULT	FLAG	UNITS	REFERENCE INTERVAL	LAB
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Factor V Leiden Mutation

Factor V Leiden

Result: Negative (no mutation found)

Factor V Leiden is a specific mutation (R506Q) in the factor V gene that is associated with an increased risk of venous thrombosis. Factor V Leiden is more resistant to inactivation by activated protein C. As a result, factor V persists in the circulation leading to a mild hypercoagulable state. The Leiden mutation accounts for 90% - 95% of APC resistance. Factor V Leiden has been reported in patients with deep vein thrombosis, pulmonary embolus, central retinal vein occlusion, cerebral sinus thrombosis and hepatic vein thrombosis. Other risk factors to be considered in the workup for venous thrombosis include the G20210A mutation in the factor II (prothrombin) gene, protein S and C deficiency, and antithrombin deficiencies. Anticardiolipin antibody and lupus anticoagulant analysis may be appropriate for certain patients, as well as homocysteine levels. Contact your local LabCorp for information on how to order additional testing if desired.

Comment

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

Methodology:

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

References:

Voelkerding K (1996). Clin Lab Med 16:169-186.
 Chevonne Eversley, PhD, FACMG
 Melissa A Hayden, PhD, FACMG

Date Issued:

FINAL REPORT

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Patient:
DOB:

Patient ID:

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Date collected:

TESTS	RESULT	FLAG	UNITS	REFERENCE	INTERVAL	LAB
Annette K Taylor, M.S., PhD, FACMG						
Alecia Willis, PhD, FACMG						
Hongli Zhan, PhD, FACMG						
Joseph B Kearney PhD, FACMG						