
LAB ALERT: Coagulation Testing Reference Range Changes

Effective October 8, 2024 at 9am, the Nebraska Medical Center Clinical Laboratory implemented new coagulation analyzers. The coagulation assays will remain unchanged, however there will be minor shifts in the reference intervals listed below.

Reference Interval Updates

Assay	Current Reference Interval	New Reference Interval
PT	9.9 – 13.7 sec	9.9 – 13.0 sec
Thrombin Time	< 16.6 sec	10.3 – 16.6 sec
Factor VIII	50 – 150%	50 – 200%
Factor IX	50 – 150%	65 – 200%
VWF antigen	45 – 150%	50 – 200%
VWF activity	40 – 163%	50 – 200%

The HIT (anti-PF4) antibody screen will be performed M-F. Sample must be received in the lab by 10:00am for same day testing. The frequency of all other coagulation testing will remain unchanged.

It is strongly recommended that heparin dosing be managed using the heparin quant (anti-Xa activity) assay. The target PTT values for therapeutic heparin monitoring will remain unchanged.

Lupus anticoagulant testing will continue to include the dilute Russel Viper venom time (dRVVT) and silica clotting time (SCT). Anticoagulant medications may disproportionately prolong the screen and confirm assays, leading to false positive and false negative results. **Per International Society on Thrombosis and Hemostasis (ISTH) guidelines, testing is not recommended, and may not be interpretable, while patients are on anticoagulation medication.**

New DRVVT reference interval	New SCT reference interval
DRVVT screen ratio [< 1.32] DRVVT screen/confirm ratio [< 1.28] DRVVT screen mix ratio [< 1.14] DRVVT screen/confirm mix ratio [< 1.15]	SCT screen ratio [< 1.34] SCT screen/confirm ratio [< 1.30] DRVVT screen mix ratio [< 1.18] DRVVT screen/confirm mix ratio [< 1.20]

Questions can be directed to Dr. Shelly Williams, Director of Coagulation Testing Services, at shelly.williams@unmc.edu, office phone: 402-559-1266, or pager: 402-888-5029.