MAYO CLINIC LABORATORIES

Test Definition: ALBLI

Limited Bleeding Diathesis Profile Interpretation (Non-Orderable)

Overview

Useful For

Only orderable as part of a profile. For more information see ALBLD / Bleeding Diathesis Profile, Limited, Plasma.

Interpretation of testing performed as part of a profile to detect of the more common potential causes of abnormal bleeding (eg, factor deficiencies/hemophilia, von Willebrand disease, factor-specific inhibitors) and a simple screen to evaluate for an inhibitor or severe deficiency of factor XIII (rare)

This test is **not useful** for assessing platelet function (eg, congenital or acquired disorders such as Glanzmann thrombasthenia, Bernard-Soulier syndrome, storage pool disease, myeloproliferative disease, associated platelet dysfunction), which requires fresh platelets

Method Name

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Medical Interpretation

NY State Available

Yes

Specimen

Specimen Type

Plasma Na Cit

Reject Due To

Specimen Stability Information

Specimen Type	Temperature	Time	Special Container
Plasma Na Cit	Frozen	14 days	

Clinical & Interpretive

Clinical Information

Bleeding problems may be associated with a wide variety of coagulation abnormalities or may be due to problems not associated with coagulation (trauma and surgery as obvious examples). A partial listing of causes follows.

Deficiency or functional abnormality (congenital or acquired) of any of the following coagulation proteins: fibrinogen (factor I), factor II (prothrombin), factor V, factor VII, factor VIII (hemophilia A), factor IX (hemophilia B), factor X, factor XI (hemophilia C; bleeding severity not always proportionate to factor level), factor XIII (fibrin-stabilizing factor), von Willebrand factor (VWF antigen and activity), and alpha-2 plasmin inhibitor and plasminogen activator inhibitor (PAI-I; severe deficiency in rare cases). Neither alpha-2 plasmin inhibitor nor PAI-I are included as a routine bleeding diathesis assay component, but either can be performed if indicated or requested.

Deficiency (thrombocytopenia) or functional abnormality of platelets such as congenital (eg, Glanzmann thrombasthenia, Bernard-Soulier syndrome, storage pool disorders) and acquired (eg, myeloproliferative disorders, uremia, drugs) disorders. Platelet function abnormalities cannot be studied on mailed-in specimens.

Specific factor inhibitors (most commonly directed against factor VIII); factor inhibitors occur in 10% to15% of the hemophilia population and are more commonly associated with severe deficiencies of factor VIII or IX (antigen <1%). The inhibitor appears in response to transfusion therapy with factor concentrates with no correlation of occurrence and amount of therapy. Factor VIII inhibitors may occur spontaneously in the postpartum patient, with certain malignancies, in association with autoimmune disorders (eg, rheumatoid arthritis, systemic lupus erythematosus), in the elderly, and for no apparent reason.

Other acquired causes of increased bleeding include paraproteinemia; other factor-specific inhibitors, including those against factor V, factor XI; or virtually any of the coagulation proteins.

Acute disseminated intravascular coagulation/intravascular coagulation and fibrinolysis (DIC/ICF), which is a fairly common cause of bleeding. Bleeding can also occur in patients with chronic ICF.

Reference Values

Only orderable as part of a profile. For more information see ALBLD / Bleeding Diathesis Profile, Limited, Plasma.

An interpretive report will be provided.

Interpretation

An interpretive report will be provided when testing is completed, noting a presence or absence of a bleeding diathesis disease state.

Cautions

Patient should not be receiving Coumadin or heparin. If the patient is currently on warfarin or heparin, this should be noted, as warfarin or heparin therapy can affect certain coagulation factors or assays, preclude their performance, or cause spurious results. Patient should also not be receiving fibrinolytic agents (streptokinase, urokinase, tissue plasminogen activator: tPA).

If patient has been recently transfused, this should be noted; it is best to perform this study pretransfusion, if possible.

Clinical Reference

1. Boender J, Kruip MJ, Leebeek FW. A diagnostic approach to mild bleeding disorders. J Thromb Haemost. 2016;14(8):1507-1516. doi:10.1111/jth.13368

2. Favaloro EJ and Lippi G. eds. Hemostasis and Thrombosis, Methods and Protocols. Humana Press; 2017

Performance

Method Description
A coagulation expert (clinician or hematopathologist) reviews the laboratory data and an interpretive report is issued.

PDF Report
No

Day(s) Performed
Monday through Friday

Report Available
7 to 21 days

Performing Laboratory Location
Mayo Clinic Laboratories - Rochester Main Campus

Fees & Codes

Fees
- Authorized users can sign in to Test Prices for detailed fee information.
- Clients without access to Test Prices can contact Customer Service 24 hours a day, seven days a week.
- Prospective clients should contact their account representative. For assistance, contact Customer Service.

Test Classification
Not Applicable

CPT Code Information
85390-26 Special Coagulation Interpretation

LOINC® Information

Test ID	Test Order Name	Order LOINC® Value
ALBLI	Limited Bleed Prof Interp	69049-5

Result ID	Test Result Name	Result LOINC® Value
603322	Reviewed by	18771-6
603181	Limited Bleed Prof Interp	69049-5