



LabCorp Phoenix
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Specimen Number 004-195-0945-0	Patient ID 84287.0	Control Number 469227	Account Number 27320560	Account Phone Number 702-856-1400	Route 00
Patient Last Name ERICSON		Account Address Comprehensive Cancer			
Patient First Name CARL	Patient Middle Name		Wigwam		
Patient SS# ***-**-5657	Patient Phone 702-538-3486	Total Volume 1505 Wigwam Ste 130			
Age (Y/M/D) 49/01/28	Date of Birth 11/06/61	Sex M	Fasting HENDERSON NV 89074		
Patient Address 4250 ARVILLE ST #341 LAS VEGAS NV 89103			Additional Information		
Date and Time Collected 01/03/11 16:16	Date Entered 01/05/11	Date and Time Reported 01/11/11 17:08ET	Physician Name NGUYEN, A	NPI	Physician ID
Tests Ordered Factor V Leiden Mutation; Homocyst(e)ine, Plasma					
General Comments ACC: 469227 PID: 84287.0					

TESTS	RESULT	FLAG	UNITS	REFERENCE INTERVAL	LAB
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Factor V Leiden Mutation

Factor V Leiden
 Result: Negative (no mutation found) 01

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: 01
 Genetic counselors are available for health care providers
 to discuss results at 1-800-345-GENE.

Methodology:
 DNA analysis of the Factor V gene was performed by allele-specific PCR followed by gel electrophoresis. 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.

ERICSON, CARL	84287.0	004-195-0945-0	Seq #1909
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FINAL REPORT