

# Factor V Leiden

## Versiti offers targeted testing for the Factor V Leiden variant *F5 c.1601G>A, p.Arg534Gln (p.R534Q; legacy nomenclature G1691A, p.R506Q)*

Venous thromboembolism (VTE), including deep vein thrombosis (DVT) and pulmonary embolism (PE), is a common yet complex disorder. Risk factors involved in the pathogenesis of this disorder include inherited thrombophilias that are caused by loss-of-function of anticoagulant proteins, gain-of-function of procoagulants, or defects in the fibrinolytic pathways. These inherited risk factors, together with acquired risk factors, predispose an individual to thrombosis. Not all individuals with a genetic predisposition to thrombosis will develop VTE; the relative risk for thrombosis may be influenced by the specific variant present, whether the variant(s) is heterozygous, compound heterozygous or homozygous, the concomitance of other pathogenic variants, a family history of DVT, as well as the presence of other inherited and/or acquired risk factors. Identifying individuals who have an increased genetic susceptibility for VTE may assist providers in establishing an individualized risk assessment, which in some cases may guide management decisions, assist with the identification of affected family members, and allow for accurate genetic recurrence risk assessment.

The *F5 c.1691G>A* (R506Q) variant results in decreased cleavage of factor V (FV) by the natural anticoagulant activated protein C (activated protein C resistance). This variant is associated with an increased risk increase for venous thromboembolism, a risk which is further increased by coexisting genetic thrombophilias, acquired hypercoagulable states, and circumstantial risk factors such as obesity, immobilization, age, surgery or other medical conditions.

### Indications for testing:

- Evaluation of individuals with thrombosis or a family history of thrombosis
- Evaluation of carriers of the Factor V Leiden variant, *F5 c.1601G>A G1691A*, where identification of the risk allele changes clinical management

### Informed Consent

It is recommended that healthcare providers obtain informed consent from the patient when genetic testing is ordered, consistent with any applicable state laws and regulations, documenting that the patient has been advised of and understands the indications for and implications of the genetic test. If needed, an informed consent form for Versiti Hematology Genetics testing can be found at <http://www.versiti.org/hg> under forms.

### Test method:

Gene amplification followed by detection of wild type, heterozygous or homozygous Factor V Leiden variant (*F5 c.1601G>A*) with sequence-specific fluorescent resonance energy transfer (FRET) hybridization probes.

### Assay sensitivity and limitations:

Specificity and sensitivity for detection of *F5 c.1601G>A* is > 99%. Specificity may be affected by variants in the PCR priming sites.

### Reporting of Results

Wild-type (normal) sequence at the *F5* 1601 position. Abnormal results will be interpreted as heterozygous or homozygous.



## Specimen requirements:

5 mL Whole blood (EDTA tube, lavender top), 3-4 Buccal swabs, or  $\geq$ 1ug of DNA at  $\geq$ 50ng/uL of High Quality DNA.



SHIP

## Shipping requirements:

Ship on an ice pack or at room temperature. Protect from freezing. Place the specimen and the requisition into plastic bags and seal. Insert into a Styrofoam container, seal and place into a sturdy cardboard box, and tape securely. Ship the package in compliance with your overnight carrier guidelines. Label with the following address:

Client Services/Diagnostic Laboratory  
Versiti  
638 N. 18th Street  
Milwaukee, WI 53233



ORDER

## CPT Codes/Billing/Turnaround time:

**Order Code:** 1035

**CPT Code:** For CPT code information, visit the Versiti.org online catalog.

**Turnaround Time:** 3-6 days

## References:

1. Bertina RM, Koeleman BP, Koster T, Rosendaal FR, Dirven RJ, de Ronde H, van der Velden PA, Reitsma PH. Mutation in blood coagulation factor V associated with resistance to activated protein C. *Nature*. 1994 May 5;369(6475):64-7. doi: 10.1038/369064a0. PMID: 8164741.
2. Gohil R, Peck G, Sharma P. The genetics of venous thromboembolism. A meta-analysis involving approximately 120,000 cases and 180,000 controls. *Thromb Haemost*. 2009 Aug;102(2):360-70. doi: 10.1160/TH09-01-0013. PMID: 19652888.
3. Gohil R, Peck G, Sharma P. The genetics of venous thromboembolism. A meta-analysis involving approximately 120,000 cases and 180,000 controls. *Thromb Haemost*. 2009 Aug;102(2):360-70. doi: 10.1160/TH09-01-0013. PMID: 19652888.