VWD Diagnostic Evaluation

Versiti specializes in comprehensive testing to support the diagnosis of von Willebrand disease.

von Willebrand disease (VWD) is a common bleeding disorder characterized by either quantitative or qualitative defects of von Willebrand factor (VWF). Correct diagnosis of variant VWD is essential to providing effective treatment. Screening tests for VWD include Factor VIII Activity, VWF Antigen, VWF GPIbM Activity (an improved measure of VWF platelet binding function), and VWF Collagen III Binding (to screen for multimer abnormalities). Discrepancies identified between these tests suggest a variant of VWD.

The selection of further diagnostic testing needed to characterize variant VWD diagnosis can be difficult. With a single order, Versiti's VWD Diagnostic Evaluation empowers physicians with the actionable diagnostic information needed for effective treatment.

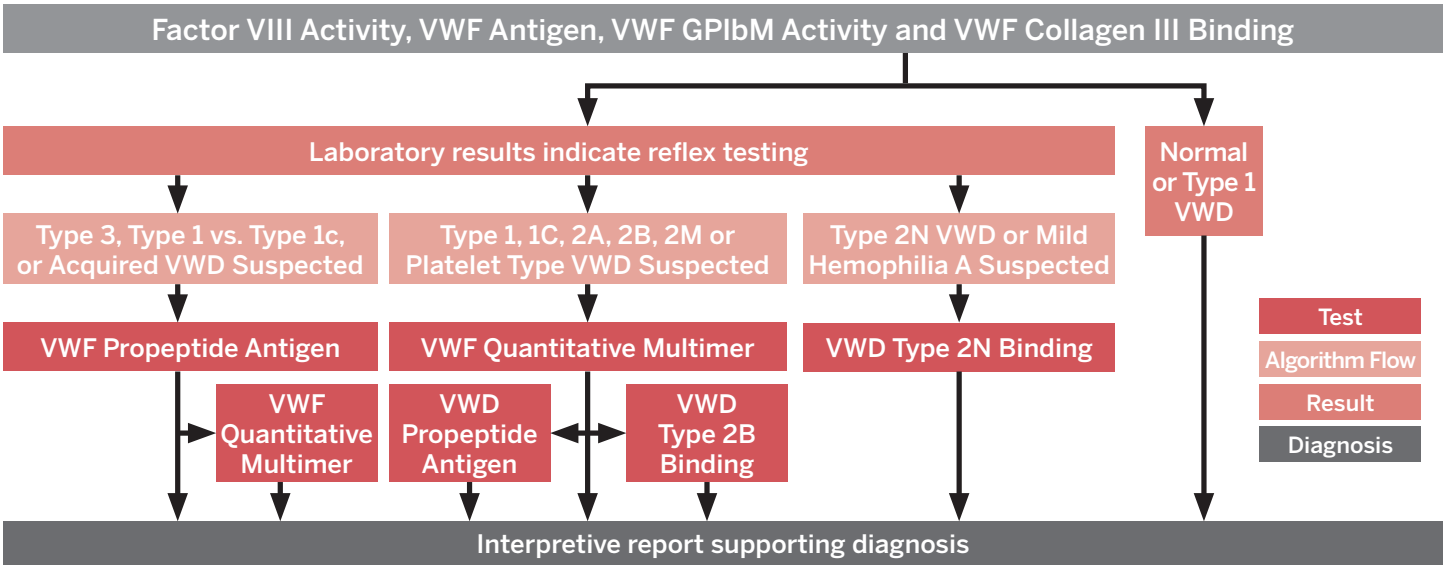
Evaluation Algorithm:

Tests Included:

The VWD Diagnostic Evaluation includes Factor VIII Activity, VWF Antigen, VWF GPIbM Activity, and VWF Collagen III Binding. If initial test results are negative for VWD or suggest a diagnosis of Type 1 VWD, testing is complete. If initial lab results indicate the need for additional testing to distinguish a variant VWD diagnosis, up to two additional tests will be reflexively performed.

Indications for testing:

- Detect quantitative or qualitative defects of VWF and related deficiency of factor VIII activity.
- Differentiate subtypes of variant VWD.
- Direct optimal utilization of confirmatory genetic testing for variant VWD.



The diagnostic reflexive algorithm was developed by Versiti's clinical and technical experts. The algorithm incorporates Versiti experience and expertise with peer reviewed diagnostic and clinical guidelines such as those from the American Society of Hematology (ASH) and the National Heart, Lung, and Blood Institute to characterize the patient's disease.

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Assay sensitivity and limitations:

VWF and Factor VIII are acute phase reactants. Levels will be elevated postoperatively, with inflammation, stress, physical activity, pregnancy, estrogen therapy and hyperthyroidism. VWF levels may be artifactually reduced as a consequence of improper sample handling. For some cases of type 2B VWD, VWF GPIbM Activity will report a higher activity level than VWF Ristocetin Cofactor Activity. Therefore, VWF GPIbM Activity results should be interpreted cautiously when monitoring perioperative therapy in patients with type 2B VWD.

Specimen requirements:

Six 1 ml aliquots of citrated plasma (light blue top).

Minimum volume of six 0.5 ml aliquots.

SHIP

Shipping requirements:

Place the frozen specimen and the requisition into plastic bags, seal and place in an insulated container. Surround with at least five pounds of dry ice. Seal the insulated container, place into a sturdy cardboard box, and tape securely. Ship the package in compliance with your overnight carrier guidelines. Send to:

Versiti Client Services
638 N. 18th Street
Milwaukee, WI 53233
800-245-3117, ext. 6250

Required forms:

ORDER

Please complete all pages of the requisition form.

CPT Codes/Billing/Turnaround time:

Test codes: 1800

Visit versiti.org for the latest CPT code recommendations.

Turnaround time: 14 days

References:

1. Nichols, W.L., et al. Haemophilia 2008; 14: 171-232
2. Flood, V.H., et al. Journal of Thrombosis and Haemostasis 2012; 10: 1425-1432; Clinical Chemistry 2013 April; 59(4): 684-91; and Haberichter, S.L., et al. Blood 2006; 108: 3344 – 3351
3. Flood VH, Gill JC, Moratek PA, Christopherson P, Friedman KH, Haberichter SL, Hoffman RG, Montgomery RR. Gain-of-function GPIb binding ELISA assay for VWF activity in the Zimmerman Program for Molecular and Clinical Biology of VWD. Blood 2011; 117: e67-74.

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