

Coagulation Factor Test

Patient Details:

Full Name:

Age:

Sex:

Date of Birth:

ID/Reference Number:

Physician Details:

Name:

Contact:

Requesting Department/Service:

Date Sample Collected:

Date Sample Analyzed:

Test Requested:

- Factor I (Fibrinogen)
- Factor II (Prothrombin)
- Factor V
- Factor VII
- Factor VIII
- Factor IX
- Factor X
- Factor XI
- Factor XII
- Factor XIII
- Von Willebrand Factor

Results:

Factor	Measured Level	Normal Range
Factor I (Fibrinogen)	_____ mg/dL	(150-400 mg/dL)*
Factor II (Prothrombin)	_____ % activity	(70-120%)*
Factor V	_____ % activity	(50-150%)*

Factor VII	_____ % activity	(50-200%)*
Factor VIII	_____ % activity	(50-200%)*
Factor IX	_____ % activity	(50-150%)*
Factor X	_____ % activity	(50-150%)*
Factor XI	_____ % activity	(60-150%)*
Factor XII	_____ % activity	(50-150%)*
Factor XIII	Qualitative Result	(Present/Absent)*
Von Willebrand Factor	_____ % activity	(50-200%)*

These values are given as an example and the normal ranges may vary based on the laboratory conducting the test.

Comments/Interpretation:

Laboratory Technician:

Date of Report:

Please note: This template is a basic representation and may not be exhaustive. The normal ranges provided are illustrative and can vary based on the population, methodology, and specific lab. Always consult with a laboratory specialist or hematologist for a more comprehensive interpretation of results.