- **PT or APTT** after an equal volume of a control specimen (with normal coagulation factors) is added to the patient's blood

- **50% normal APTT and PT**

- **reptilase time**

- **echis time**

- **euglobulin lysis time**

- **urea solubility test**

- **procoagulant screen**

- **APTT**
  - activated partial thromboplastin time
  - a test of the intrinsic coagulation pathway

- **PT**
  - prothrombin time
  - a test of the extrinsic coagulation pathway
  - the international normalised ratio (INR) is the PT expressed as a ratio of the control used by the specific laboratory (usually for monitoring of warfarin therapy)

- **TCT**
  - thrombin clotting time
  - tests the final common pathway of the coagulation cascade which converts fibrinogen to fibrin

- **bleeding time**
  - most often used to detect the presence of qualitative platelet dysfunction and capillary defects
  - ristocetin-induced platelet aggregation is another useful test of qualitative platelet function
  - the Hess test is a clinical test where a tourniquet is applied to the patient's arm and petechiae are noted to arise under and distal to the cuff in conditions causing a prolonged bleeding time

- **D-dimer**
  - specific for fibrin breakdown
  - increased in postoperative states, trauma, sepsis, venous thrombosis & malignancies

- **FDPs**
  - fibrin degradation products
  - markers of fibrin & fibrinogen breakdown

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(i) antithrombin 3 assay
(ii) protein C & protein S
(iii) argon plasma coagulation (APC) resistance
  - factor V (Leiden) gene mutation
(iv) lupus anticoagulant & anticardiolipin antibodies
(v) G20210A prothrombin gene mutation
(vi) fasting homocystein assay

- factor 13 stabilises fibrin
  - if it is deficient 5M urea will dissolve it

- a shortened time indicates the presence of systemic fibrinolytic pathway activators

- differentiates liver dysfunction for vitamin K deficiency
  - Echis carinatum venom converts pre-prothrombin to prothrombin
  - in vitamin K deficiency the venom corrects the PT where in liver dysfunction the PT remains unchanged

- PT or APTT after an equal volume of a control specimen (with normal coagulation factors) is added to the patients blood

- assists with differentiation of causes of an increased TCT
  - reptilase is a thrombin-like molecule that converts fibrinogen to fibrin but is not inhibited by antithrombin III or FDPs

- differentiates liver dysfunction for vitamin K deficiency
  - Echis carinatum venom converts pre-prothrombin to prothrombin
  - in vitamin K deficiency the venom corrects the PT where in liver dysfunction the PT remains unchanged

- a shortened time indicates the presence of systemic fibrinolytic pathway activators