**Advice and Information on Occasional Unexpected Clotting Screen blood test results** (APTT - when and how to investigate)

1. As with any test - if unexpected/unexplained, repeat in the first instance! Spurious results are frequently seen with coagulation testing

2. If truly prolonged, the most important thing to check is the patient's bleeding history. This is the most sensitive test (much more than blood tests!) in predicting risk of abnormal bleeding

3. In the lab, the next most helpful test in Somerset NHS trust is to add 'previously abnormal coagulation tests' which the lab will add on the appropriate tests.

4. Clotting deficiencies that can cause an isolated prolonged APTT tend to be factor 8, 9, 11, and 12. Fun fact: low factor 12 levels are not associated with bleeding tendency and are purely a lab nuisance!

5. The commonest inhibitor is the lupus anticoagulant. This is a fairly common finding - but in the absence of other features of antiphospholipid syndrome, it is of no clinical significance.

6. Often mildly prolonged APTT's will be transient and of no clinical significance...

7. ...which is why it's important to always take a bleeding history first to decide whether a clotting profile would be helpful - even prior to major surgery! This is NICE guidance NG45. Please note coagulation tests are not routinely indicated.

8. For how to take a bleeding history, the International Society for Thrombosis and Haemostasis (ISTH) Bleeding Assessment Tool (ISTH-SCC Bleeding Assessment tool scoring)- quick screening questionnaire.

9. The main take home messages here are:

* if you think someone has a bleeding disorder, ask them - history is the best test!
* clotting profiles are a poor screening tool and should not be done without a positive bleeding history

Southwest Pathology Services

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