

ABSTRACT FORM ECAT SYMPOSIUM 15 – 16 SEPTEMBER 2022

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Title:

What information does the doctor expect from the laboratory?

Abstract:

Laboratory diagnostics in the field of thrombosis and haemostasis is regularly a stepwise approach that starts with a clinical question? For example, does my patient have a (primary or secondary) hemostasis defect? Can this patient's thrombotic tendency be explained by abnormalities in the coagulation system? Is there an increased risk for thrombosis in this relative of a patient with thrombosis?

In the laboratory tests often start with screening tests, e.g. PT, (a)PTT, bleeding time, PFA. Abnormalities in such assays mandate further/deeper testing to identify the underlying defect.

Automated (cascade) diagnostics algorithms have the potential of running the desired/correct follow-up tests depending on the clinical question and results from screening tests.

What "the clinician" wants is uncertain but likely heterogeneous depending on the setting (family medicine, locoregional hospital, hemostasis specialist in locoregional hospital, and family tertiary referral clinics for hemostasis) but may also be dependent on the clarity of the correct interpretation of such results.