MAYO CLINIC LABORATORIES

TEST STATUS

Notification Date: July 13, 2026
Effective Date: Immediately

Bleeding Diathesis Profile, Limited, Plasma

Test ID: ALBLD

Explanation:

Due to external supply constraints affecting the availability of materials required for von Willebrand factor (VWF) multimer analysis and an analysis of internal laboratory data on optimal thresholds for reflex testing, Mayo Clinic Laboratories is modifying the reflex criteria for VWF multimer testing in the Bleeding Diathesis Profile, Limited ALBLD. This change does not affect testing quality and is intended to preserve access to VWF multimer analysis for cases in which the test is most clinically informative, particularly suspected type 2 congenital von Willebrand disease or acquired von Willebrand syndrome.

On the effective date**,** VWF multimer analysis will be reflexed when any of the following criteria are met:

- VWF antigen (VWAG) is **<40%**
- VWF latex activity (VWACT) is **<40%**
- VWF ristocetin cofactor activity (RIST) is **<40%**, when performed
- VWACT/VWAG is **<0.7**
- RIST/VWAG is **<0.7**, when RIST is performed

With this update, the previous quantitative reflex threshold of **55%** for VWAG, VWACT and RIST will change to **40%**. The VWF activity-to-antigen ratio cutoff of **<0.7** will remain unchanged.

Specimens with VWAG, VWACT, or RIST results from **40% to 54%** and preserved VWF activity-to-antigen ratios (≥0.7) will no longer automatically reflex to VWF multimer analysis. Other components of the von Willebrand disease profile and interpretive reporting are unchanged.

Clinical correlation remains important. If there is strong clinical suspicion for type 2 von Willebrand disease or acquired von Willebrand syndrome despite results that do not meet the revised reflex criteria, please contact Mayo Clinic Laboratories to discuss additional testing options.

Questions

Contact Bonnie Meyers, Laboratory Resource Coordinator at 800-533-1710.