

# Coagulation Profile Lab Report

Patient Name: \_\_\_\_\_

Patient ID: \_\_\_\_\_

Age/Sex: \_\_\_\_\_

Date of Report: \_\_\_\_\_

Referring Doctor: \_\_\_\_\_

Sample Collected: \_\_\_\_\_

## Test Results

Test	Result	Unit	Reference Range
Prothrombin Time (PT)	_____	seconds	11 – 16
International Normalized Ratio (INR)	_____		0.8 – 1.2
Activated Partial Thromboplastin Time (aPTT)	_____	seconds	25 – 35
Thrombin Time (TT)	_____	seconds	14 – 21
Fibrinogen	_____	g/L	2.0 – 4.0
D-Dimer	_____	ng/mL	< 500

## Comments

Pathologist/Lab Technologist: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_