

INFORMATION FORM FOR VWF MULTIMER REQUESTS

- This form **MUST accompany** the standard pathology request form/referral letter.
- VWF Multimers are batched and run approximately 3 monthly.
- Contact the lab on 03 9076 3109 for further details.

Patient details:

First Name and Surname:

D.O.B: **Sample collection date:**

Indication for request:

Test	Patient Results	Units	Testing lab	Date of result
F8				
VWF Antigen				
CBA				
<u>Ricof or equivalent</u> (list equivalent test)				

Requesting doctor's details:

First name and Surname

Mobile number **Medical practice/Service**

PLEASE NOTE: Where VWF Antigen, RICOF, and CBA levels are all > 50, testing will not be performed, and the comment below will be returned

Test not done. VWF antigen and activity levels normal. These results exclude a diagnosis of vWD (types 1, 2A/B/M, 3). VWF Multimers not indicated. If vWD type 2N is suspected, FVIII binding assay and/or genotyping is recommended. (ref: James et al., Blood Adv, 2021; 5(1): 280-300)



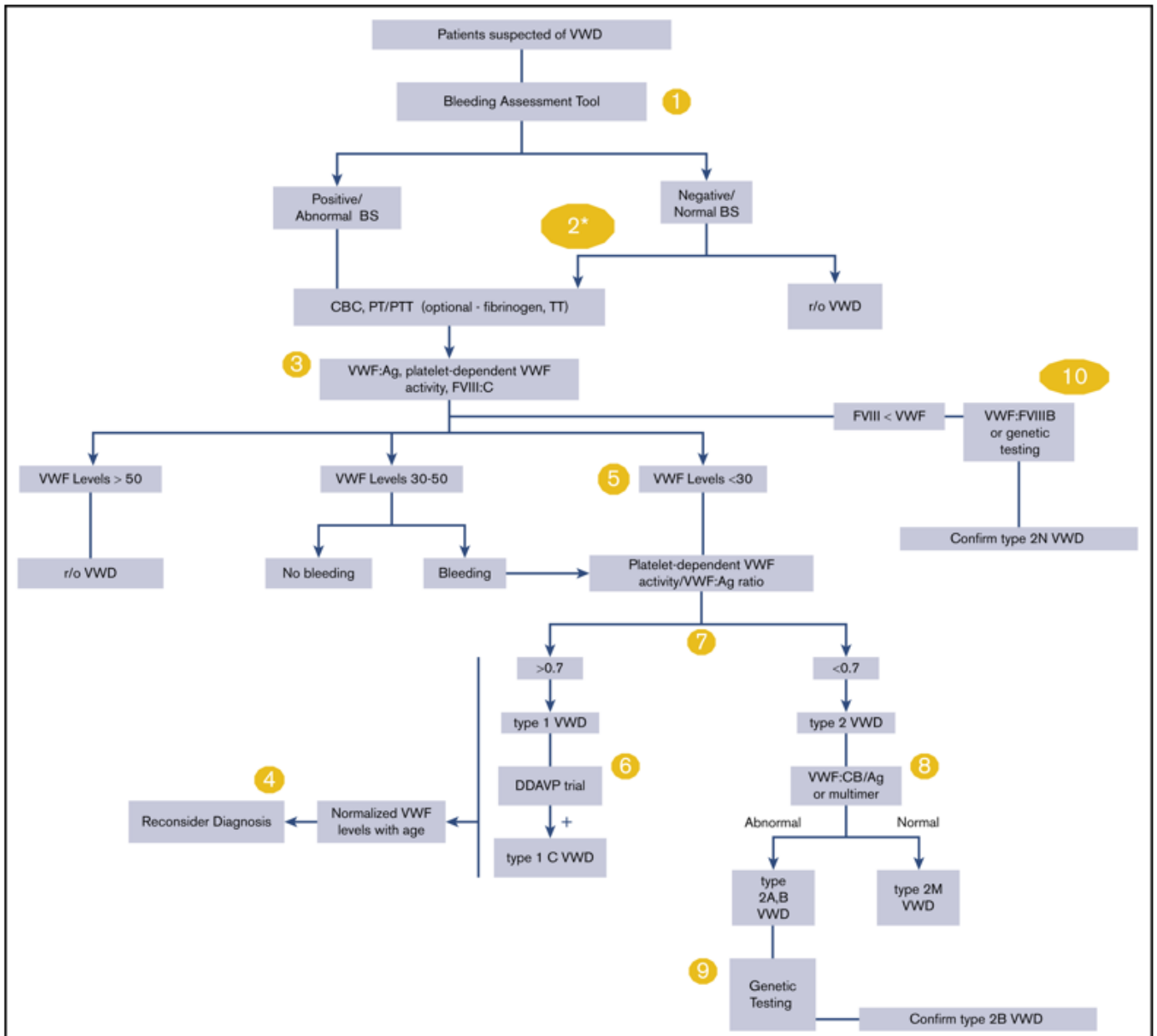
CLINICAL GUIDELINES | JANUARY 12, 2021

ASH ISTH NHF WFH 2021 guidelines on the diagnosis of von Willebrand disease

Paula D. James, Nathan T. Connell, Barbara Ameer, Jorge Di Paola, Jeroen Eikenboom, Nicolas Giraud, Sandra Haberichter, Vicki Jacobs-Pratt, Barbara Konkle, Claire McLintock, Simon McRae, Robert R. Montgomery, James S. O'Donnell, Nikole Scappe, Robert Sidonio, Jr, Veronica H. Flood, Nedaa Husainat, Mohamad A. Kalot, Reem A. Mustafa



Blood Adv (2021) 5 (1): 280–300.



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