

Blood Viscosity Profile

FaxNumber:

6839 Fort Dent Way, Ste 206 Tukwila, WA 98188 tel 206.209.4200 • 855.405.TEST (8378) fax 206.209.4211

 Accession Number:
 1501
 Age:
 65
 Date Collected:
 11/1/2011
 Date Run:
 11/1/2011

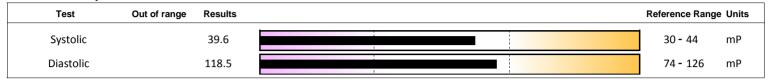
 Patient Name:
 Jane Doe
 Sex:
 F
 Date Received:
 11/2/2011
 ReportDate:
 11/2/2011

OutsidePatientID: DOB: Doctor ID: 6055 Tech: JJ

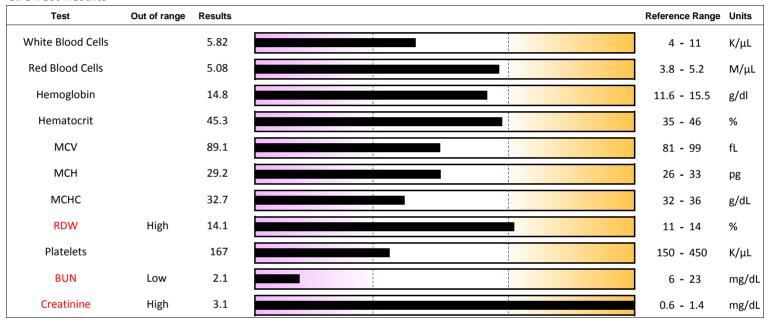
Doctor Name: Sample Reports

Comments:

Blood Viscosity Test Results



CBC Test Results



Blood Viscosity Results Interpretation

| Systolic Result | Diastolic Result | Comments/Investigations | Potential Interventions |
|-----------------------|------------------|--|--|
| Severe Hyperviscosity | | Check LDL, Tg, glucose | Therapeutic phlebotomy per phlebotomy algorithm |
| | | Check Hct for mild-moderate erythrocytosis | Nattokinase supplementation; hydration |
| 50 | 150 | | |
| Mild to Moderate | | Check LDL, Tg, glucose | Hydration; nattokinase supplementation |
| Hyperviscosity | | Check Hct for mild-moderate erythrocytosis | Determine if patient is eligible for phlebotomy |
| 44 | 126 | | |
| Reference Range High | | | Hydration; natokinase supplementation |
| | | | Determine if patient is eligible for phlebotomy |
| 42 | 111 | | |
| Optimum R | Range | | |
| 37 | 89 | | |
| Reference Range Low | | | |
| 30 | 74 | · | |
| Hypoviscosity | | Check Hct/Hg for anemia | Dietary changes or medications for anemia correction |
| | | Check medications | Dosage changes or stop administering medication(s) |



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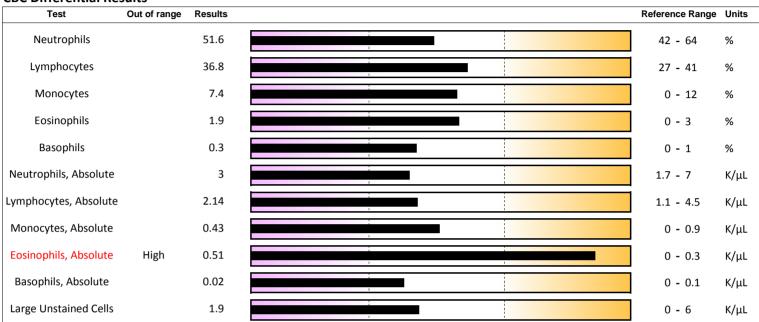
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CBC Differential Results



Guidelines

Hydration Guidelines

For all patients with blood viscosity levels above the optimum health range (systolic viscosity greater than 41 or diastolic viscosity greater than 110), therapeutic oral hydration is recommended. Hydrate one-half (1/2) of the patient's body weight in ounces daily, e.g., 100 oz of water daily for a 200 lb patient. Mineral supplementation and increases in hydration volume based on activity and humidity/temperature are discretionary for the clinician.

Nattokinase Guidelines

For patients having hyperviscosity (i.e., greater than reference range values--systolic viscosity greater than 44 or diastolic viscosity greater than 126), administer 50 mg of nattokinase (or 1,000 fibrinolytic degradation units) three times daily with food, in addition to oral hydration as above. For patients who are also diagnosed with atrial fibrillation or having an artificial heart valve, dose 50 mg of nattokinase four times daily. Use nattokinase having activity of 20,000 fibrinolytic degradation units per gram. Nattokinase is contraindicated for patients with hemophilia. No contraindications with medications.

Phlebotomy Guidelines

Balance and stabilize electrolyte levels (sodium, potassium) prior to administering any phlebotomy or IV hemodilution. Blood Viscosity Profile with patient's height, weight, and gender are required to determine the recommended phlebotomy volume for patients with hyperviscosity (i.e., greater than reference range values-systolic viscosity greater than 44 or diastolic viscosity greater than 126). Patients requiring less than 100 cc per month in blood volume removal are ineligible for phlebotomy and should be administered nattokinase and hydration as above. Patients requiring 100-250 cc of monthly blood volume removal may be phlebotomized without any pre-hydration by IV saline. In addition, these patients should receive oral hydration and nattokinase as above. Any patient requiring greater than 250 cc of blood volume removal should be hydrated using normal saline IV, in order to attain isovolemic phlebotomy. For isolemic phlebotomy, administer the same volume of IV saline as the volume of phlebotomy: one-half before and one-half after phlebotomy. For any patient requiring greater than 250 cc monthly phlebotomy, a re-test for viscosity is required after one month prior to the next phlebotomy. These patients should also receive oral hydration and nattokinase as above. Therapeutic phlebotomy greater than 500 cc per month is not recommended for any patient.