Algorithm A: START HERE

* **VWFAG** 42-60 IU/dL, while still within the normal reference range, is an indeterminate result in the setting of clinical bleeding; repeat **VWP** at a clinically appropriate interval is recommended to definitively rule-out vWD

† testing for rare variants could include performance of **RIST** to detect occult 2B disease and/or **vWF-collagen binding assay** to detect 2M disease with defective collagen binding

‡ “low vWF” (**VWFAG** 30-42 IU/dL) can be consistent with vWD type 1 in an appropriate clinical setting

§ this testing strategy effectively rules out “clinical” 2B disease

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**clinical evaluation suspicious for vWD** (consider use of **Condensed MCMDM-1VWD Bleeding Questionnaire**)

http://www.path.queensu.ca/labs/lillicrap/bq.htm

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**YES**

perform general screen (**CBC**, **PT**, and **PTT**) plus vWD-specific screen (**VWFAG**, **RCOF**, and **F8**, preferably ordered as a panel, **VWP**)

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**VWP** abnormal?

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**NO**

consider other causes of bleeding, repeat testing*, and/or testing for rare variants†

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**YES**

**VWFAG/RCOF/F8** results concordant or discordant?

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concordant, **VWFAG ≈ RCOF ≈ F8**: Go to algorithm B

discordant, **VWFAG >> RCOF** (RCOF/VWFAG ratio <0.5-0.7): Go to algorithm C

discordant, **VWFAG >> F8**: perform **VW2NR** Go to algorithm D