1. The Prothrombin time is prolonged in patients:

A Receiving warfarin

B With significant liver disease

C on a typical dose of enoxaparin

D both A and B

2. A patient receiving warfarin may also be monitored by checking the activity level of:

A Anti-factor Xa

B Factor II

C D-dimer

D fibrinogen

3. Useful tests to screen for a coagulation disorder in a bleeding patient include

A aPTT and PT

B TT and PT

C D-dimer and aPTT

D ACT and aPTT

4. The activity of heparin can be monitored with

A aPTT

B Anti factor-Xa

C ACT

D all of the above

5. Anti-factor Xa test is

A test of clotting time

B functional test of enzymatic activity

6. Very high doses of unfractionated heparin are best measured with

A TT

B ACT

C aPTT

D PT

7. This test measures the last step in the coagulation cascade, the conversion from fibrinogen to thrombin:

A TT

B ACT

C aPTT

D PT

8. If the patient’s PT is 39, the control PT is 13, and the sensitivity of the reagent is 1, what is the INR

A more info is needed

B 2.0

C 3.0

D 1.0

9. Antiphospholipid Antibody Syndrome:

A Is a clinical condition predisposing patients to hemorrhagic complications

B May interfere with PT/INR testing leading to a false prolongation

C Predisposes the patient to a pro-thrombotic state and may falsely shorten the PT test

D Can easily be corrected for by the lab through analytical methods.

10. Argatroban use is not expected to significantly affect the monitoring of warfarin.

A True

B False