



CLINICAL DASHBOARD

Decoding Your Von Willebrand Disease Lab Results



Von Willebrand Disease testing is not a single test and not a single number. This guide translates complex hematology labs into a clear, actionable picture of your health.

A diagnosis is a continuous pattern, not a single snapshot in time

Standard Blood Test

Positive



Negative

Unlike routine tests, VWF levels
are naturally dynamic.

VWD Testing

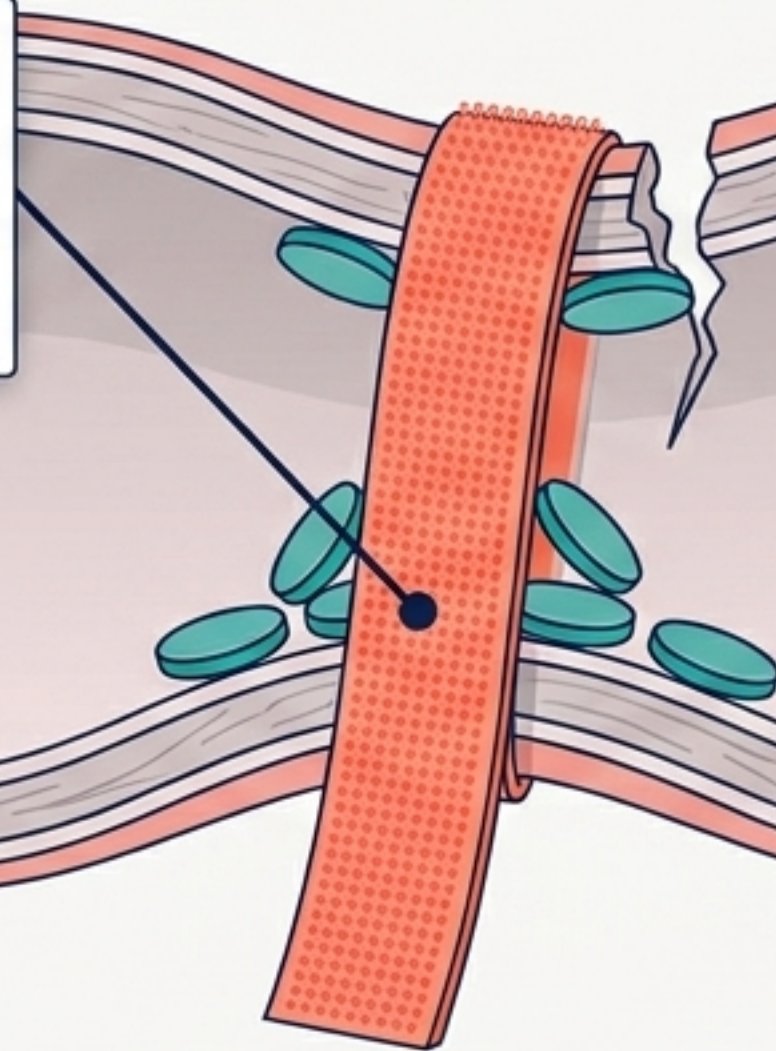


Results must be interpreted as a pattern,
over time, and in the context of your
unique bleeding history.

The two critical jobs of the Von Willebrand Factor

The Glue

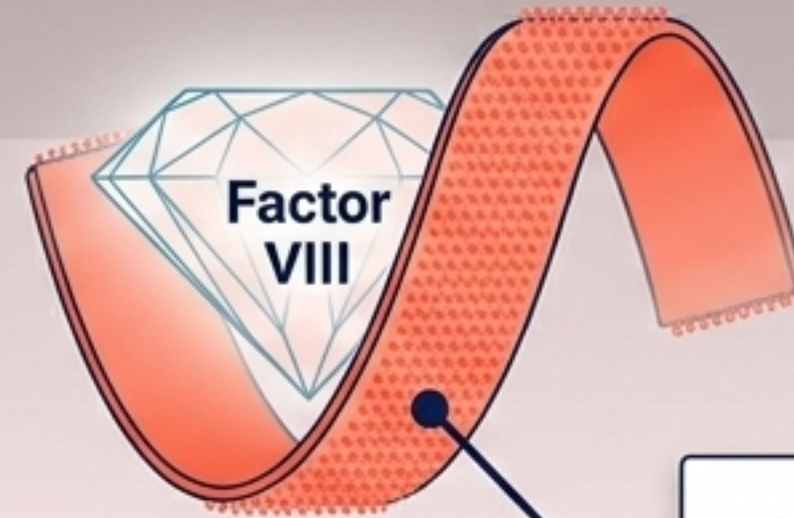
Helps platelets stick to injured blood vessels to stop bleeding.



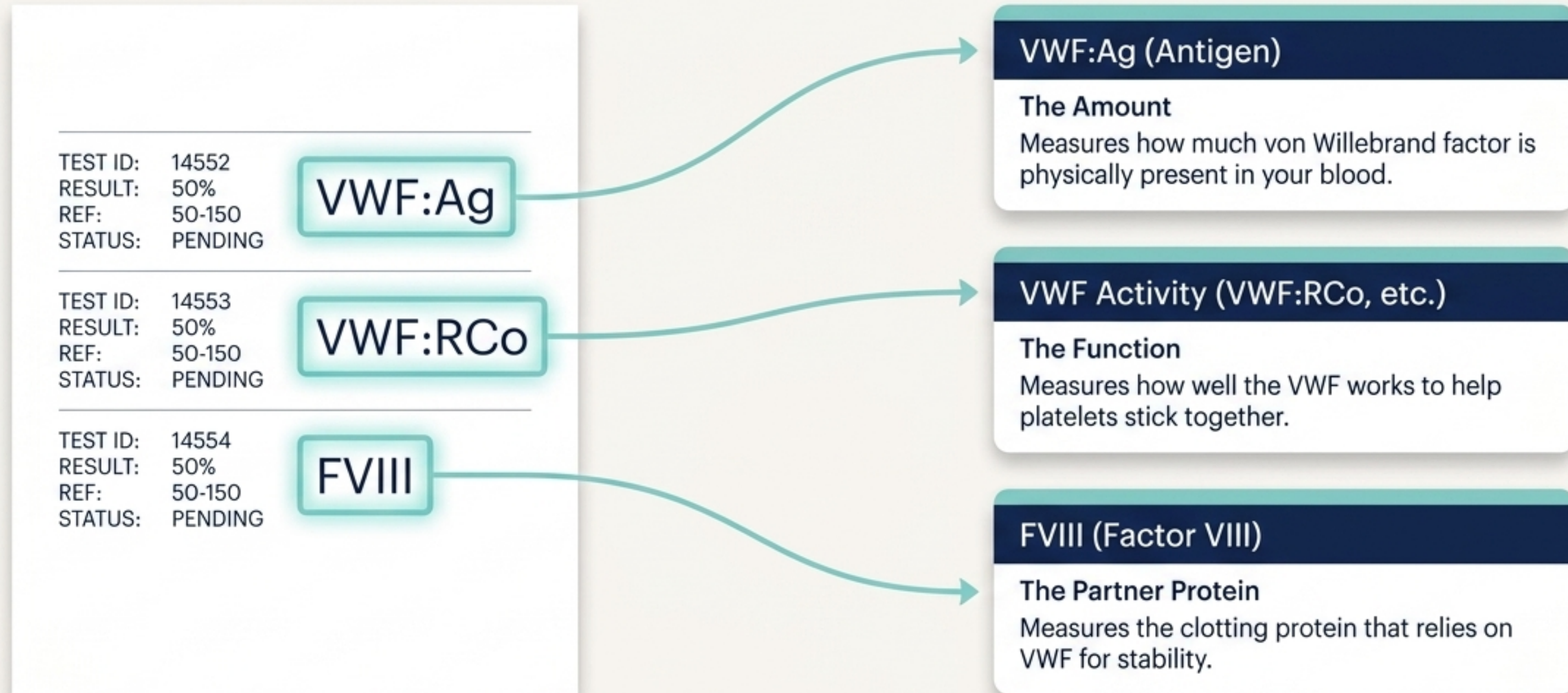
Factor VIII

The Stabilizer

Protects and carries Factor VIII, another essential clotting protein.



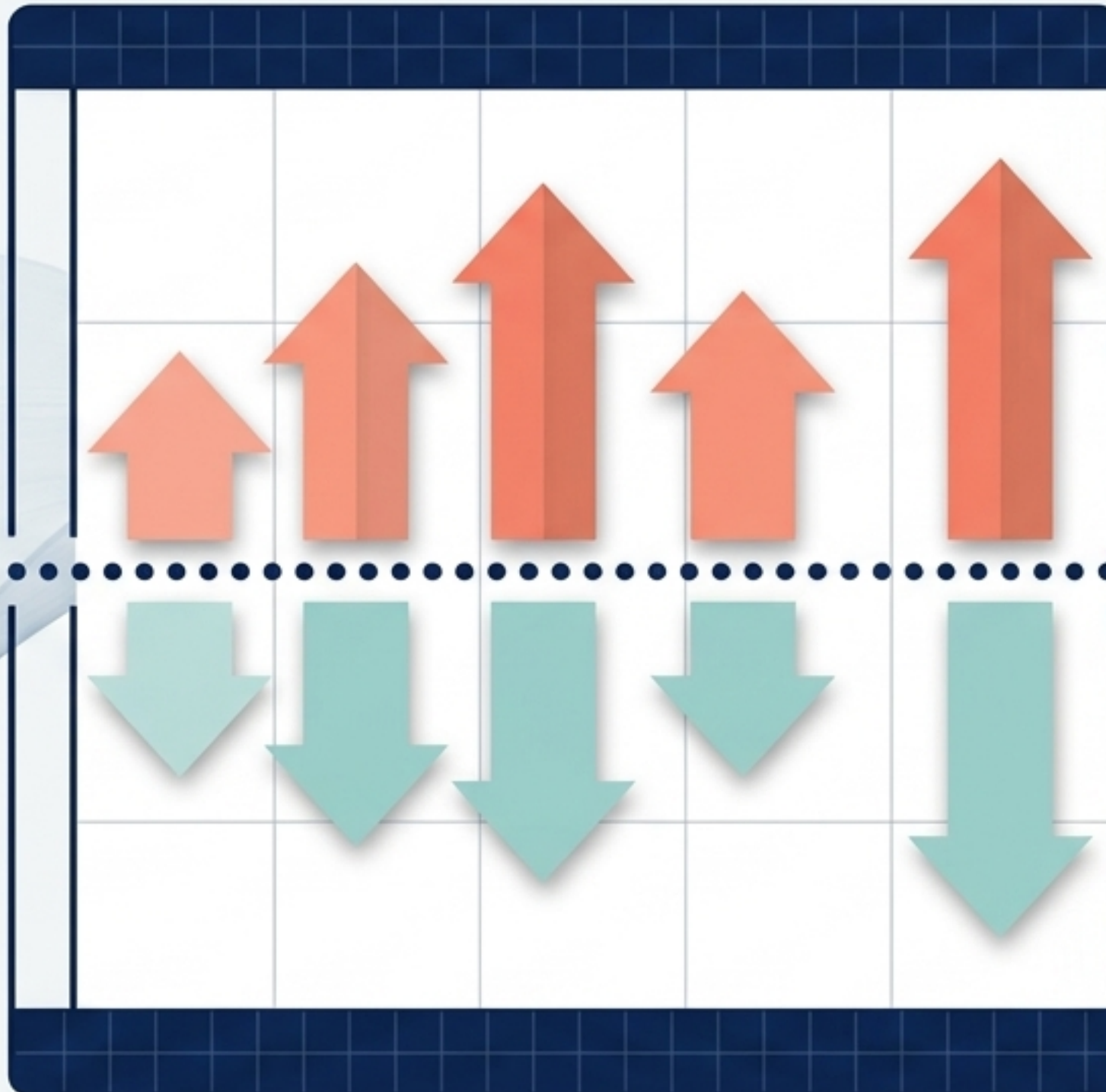
Translating the three core components of your lab report



No single test can diagnose or exclude VWD on its own.

Your baseline levels are in constant motion

Baseline Marker



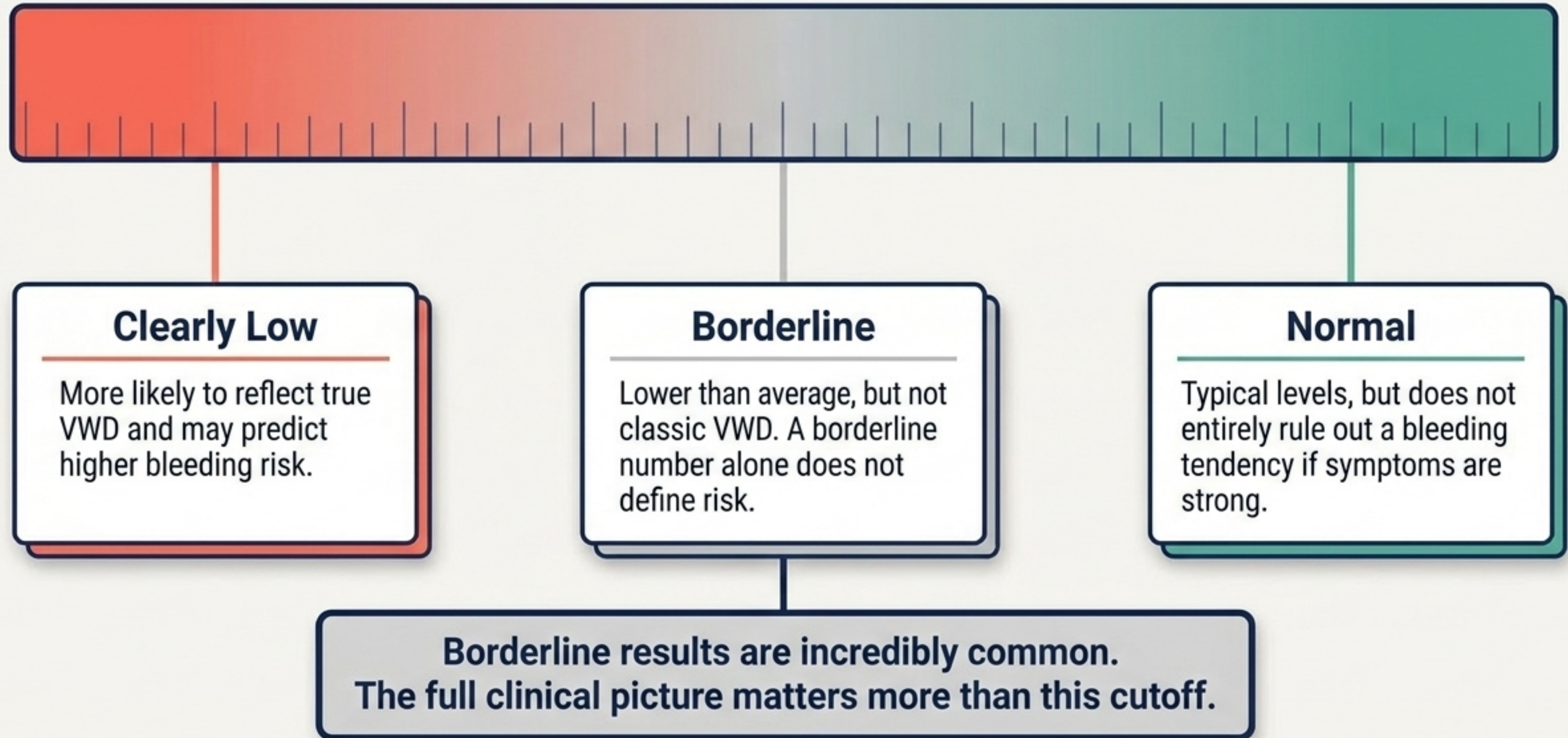
Pushing Levels Up

- Stress or anxiety
- Illness or inflammation
- Exercise
- Pregnancy
- Estrogen-containing medications

Pulling Levels Down

- Having Blood Type O (a normal variation, not an illness)
- Certain medical conditions
- Inherited or acquired forms of VWD

Decoding the meaning of the "Gray Zone"



Time and repetition are powerful diagnostic tools

The Scatter Plot of Reality



Why Doctors Repeat Tests:

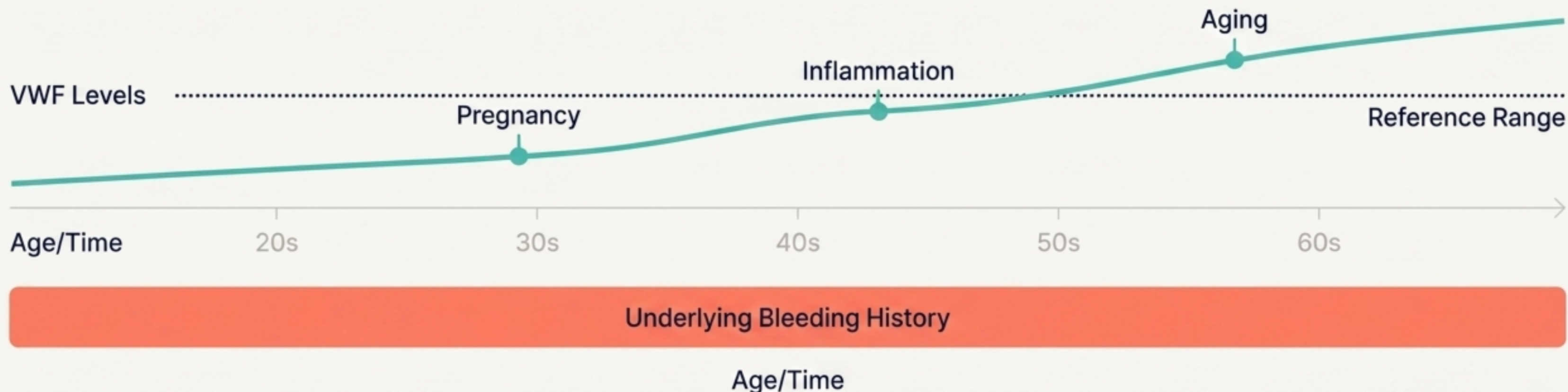
1. Confirm a persistent pattern over a single value.
2. Evaluate your baseline when you are not under stress or illness.
3. Clarify borderline results.

Repeat testing is a sign of careful interpretation, not lab error.

The diagnostic signatures of the four VWD types

	Type 1	Type 2	Type 3	Acquired
Amount (Antigen)	Low	Near-Normal	Absent	Variable abnormal results.
Function (Activity)	Reduced similarly	Significantly Reduced	Absent	
FVIII Level	Normal / Low	Normal / Low	Very Low	
Core Characteristic	The most common pattern.	The protein is present but broken.	Severe deficiency.	Develops later in life, often linked to another condition.

Rising levels do not automatically erase bleeding risk



1

VWF levels naturally rise with age, pregnancy, and inflammation.

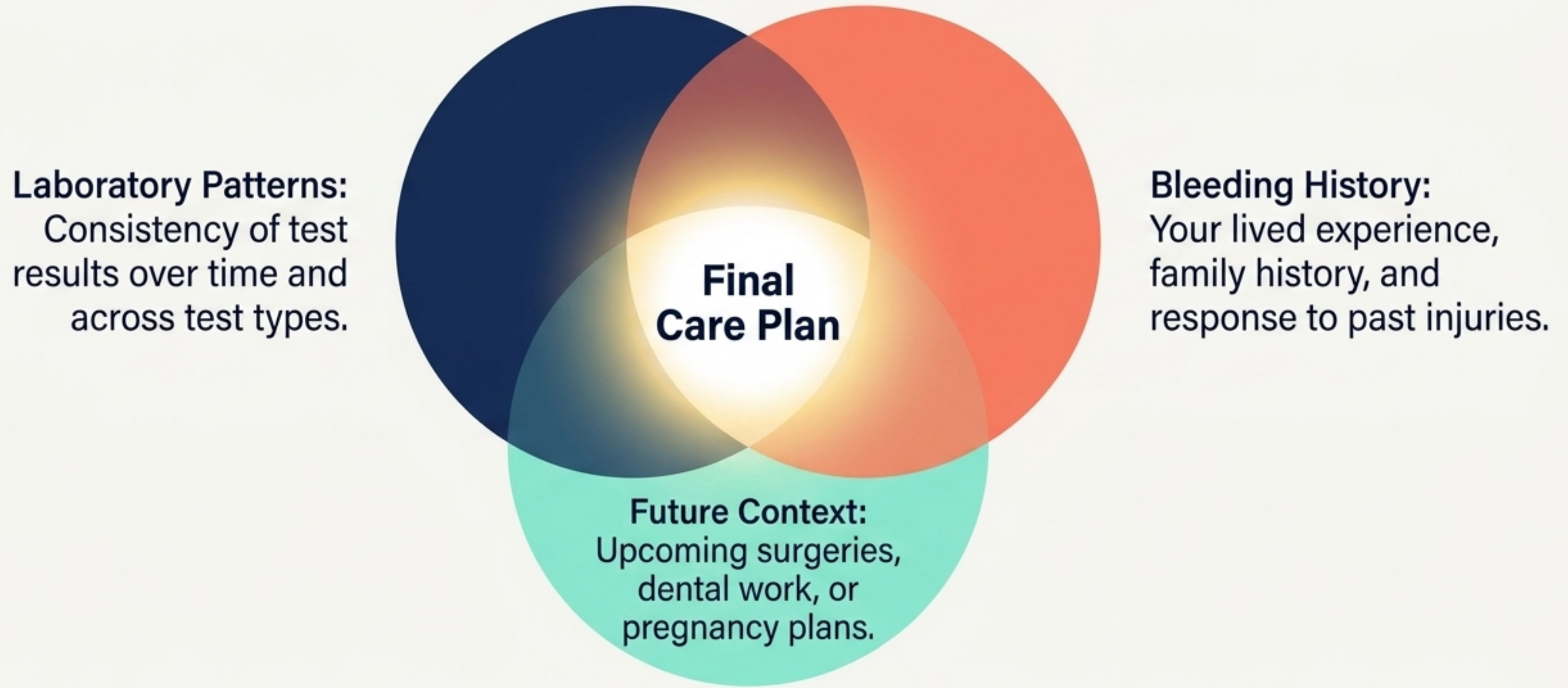
2

Even if your numbers move into the reference range, your past bleeding history remains a critical indicator of future risk.

3

The goal of care is safe planning, not just chasing a "normal" number.

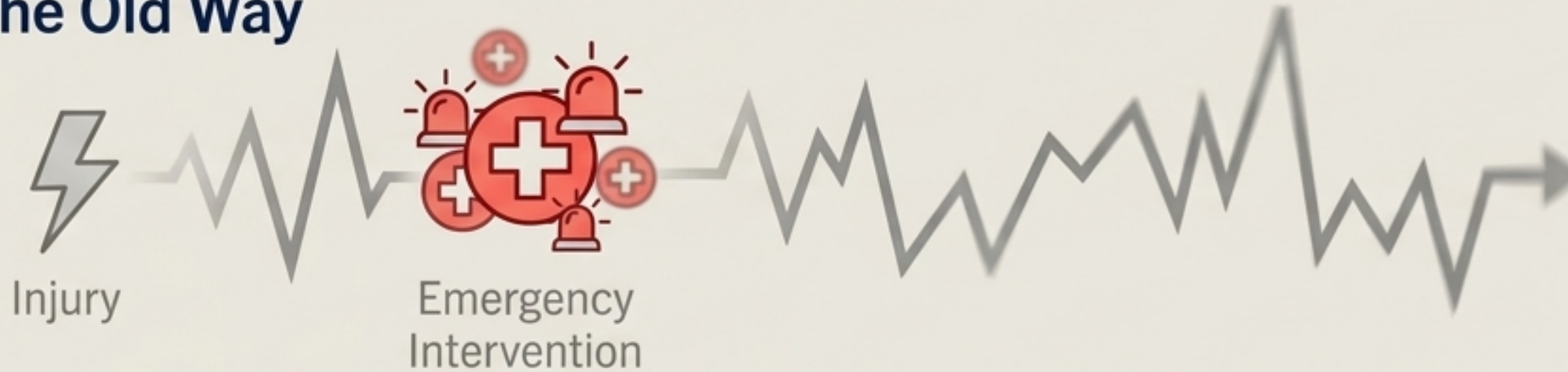
Numbers don't equal destiny: The complete clinical picture



No test perfectly predicts bleeding. Your symptoms matter just as much as your lab results.

Shifting from reacting to anticipating

The Old Way



The VWD Strategy



Doctors use your unique VWD pattern to:

- Decide if treatment is necessary before a procedure.
- Choose the safest and most effective targeted therapy.
- Avoid unnecessary treatments when your specific risk is low.

Guiding your next clinical conversation

1

Which specific tests were abnormal, and which were normal?

2

Do my combined results suggest a specific type of VWD?

3

Should we repeat testing? If so, when is the optimal time?

4

How do my lab results align with my actual bleeding history?

5

What specific plans do we need for my upcoming procedures or life events?

Decoding the puzzle: Key principles of VWD testing



Patterns Matter Most

Diagnosis relies on multiple tests interpreted together over time.



Variation is Expected

Stress, hormones, and blood type naturally shift your baseline.



Context is Crucial

Your bleeding history provides meaning to borderline numbers.



The Goal is Prevention

Testing exists to support safe, proactive planning—not to cause alarm.