INR

Description	The INR is a derivative of the Prothrombin Time (PT)
Indication	Guidelines state thst the INR should only be used to monitor the use of coumarins such as Warfarin.
Additional Info	The prothrombin time was discovered by Dr Armand Quick and colleagues in 1935,[11] and a second method was published by Dr Paul Owren,[12] also called the "p and p" or "prothrombin and proconvertin" method. It aided in the identification of the anticoagulants dicumarol and warfarin,[13] and was used subsequently as a measure of activity for warfarin when used therapeutically. The INR was introduced in the early 1980s when it turned out that there was a large degree of variation between the various prothrombin time assays, a discrepancy mainly due to problems with the purity of the thromboplastin (tissue factor) concentrate.[14] The INR became widely accepted worldwide, especially after endorsement by the World Health Organisation.
Concurrent Tests	PT
Interpretation	A high INR level such as INR=5 indicates that there is a high chance of bleeding, whereas if the INR=0.5 then there is a high chance of having a clot. Normal range for a healthy person is 0.8 - 1.3 and for people on warfarin therapy, 2.0-3.0, although the target INR may be higher in particular situations, such as for those with a mechanical heart valve.The result (in seconds) for a prothrombin time performed on a normal individual will vary according to the type of analytical system employed. This is due to the variations between different batches of manufacturer's tissue factor used in the reagent to perform the test. The INR was devised to standardize the results. Each manufacturer assigns an ISI value (International Sensitivity Index) for any tissue factor they manufacture. The ISI value indicates how a particular batch of tissue factor compares to an internationally standardized sample. The INR is the ratio of a patient's prothrombin time to a normal (control) sample, raised to the power of the ISI value for the analytical system used
Collection Conditions	Samples must be correctly filled as the ratio of anticoagulant to blood is crucial for accurate test results. Samples will be rejected by the laboratory if they are under or over filled.
Frequency Of Testing	As required.
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