

Von Willebrand Subtypes and associated Laboratory Findings

<i>Subtype</i>	<i>Details</i>	<i>vWF:RCO (IU/dL)</i>	<i>vWF:Ag (IU/dL)</i>	<i>FVIII</i>	<i>vWF:RCO/vWF:Ag Ratio</i>
Type 1	Partial quantitative vWF deficiency	< 30 *	< 30	L – N	> 0.5 – 0.7
Type 2A	↓ vWF dependent platelet adhesion, <i>with</i> deficiency of high molecular weight multimers	< 30	30-200	L - N	< 0.5 – 0.7
Type 2B	↑ affinity for platelet GPIb, ↓ platelets	< 30	30-200	L - N	< 0.5 – 0.7
Type 2M	↓ vWF dependent platelet adhesion <i>without</i> deficiency of high molecular weight multimers	< 30	30-200	L - N	< 0.5 – 0.7
Type 2N	↓↓ binding affinity for FVIII	30-200	30-200	VL	> 0.5 – 0.7
Type 3	Complete deficiency vWF	< 3	< 3	< 10 IU/dL	NA

L (low), N (normal), VL (very low).

* < 30 IU/dL is the recommended cut off for a diagnosis of vWD.

Adapted from 2012 Clinical Practice Guidelines on the Evaluation and Management of von Willebrand Disease.