

Test Update

Emergency Hemorrhage Panel (EHP)

UVM Medical Center

Beginning 7/13/2026, the Coagulation and Hematology Laboratory at the University of Vermont Medical Center (UVMHC) will offer a new **Emergency Hemorrhage Panel (EHP) (Epic Code: LAB17871)** consisting of the following tests:

- EHP Hematocrit and Platelet Count
- EHP Protimer (INR)
- EHP Fibrinogen (*also orderable as a stand-alone test – see LAB17872*)

This panel is intended for use only **in actively bleeding and/or hemolyzing patients**. Because this testing is only for use in these emergent circumstances, results will have their own section in EPIC and will/should not be able to be trended with routine results.

The purpose of the EHP is to provide a timely turn-around-time (TAT) of coagulation tests for patients that are **actively bleeding and will help with making therapeutic transfusion or medication decisions**. The TAT for this panel is targeted to be **less than 20 minutes**.

Specimen Requirements:

- EHP Protimer (INR) and EHP Fibrinogen require a 3.2% sodium citrate (light blue top) tube filled to indicator line, free of clots and maintained at room temperature until processed.
- EHP Hematocrit and Platelet Count require an EDTA (lavender top) tube, free of clots and is acceptable at room temperature for 24 hours.

The lab will reject any blue top tube that is underfilled or clotted and any lavender tube that is clotted.

Additional critical values to include:

- If no clot forms for an EHP Fibrinogen, it will be reported as “No clot detected, consider hemodilution and/or critically low to no fibrinogen”.
- If no clot forms for EHP Protimer (INR), it will be reported as “No clot detected, consider hemodilution and/or extremely low factors/fibrinogen or factors.”

All EHP results will include the following disclaimer:

"Emergency Hemorrhage Panel (EHP) results are only intended for emergent assessment of coagulopathy in actively hemorrhaging patients. To allow for rapid results with acceptable accuracy in emergencies, standard sample integrity and result verification steps have been modified. Repeat/confirmatory routine testing is recommended for management decisions outside of an actively hemorrhaging patient. Results of this panel should not be used for monitoring anticoagulation therapy."

Note: For individual test reference intervals and critical values, please refer to the Joint Test Catalog for individual, routine tests as necessary.

- Hematocrit – LAB289
- Platelet Count – LAB301
- Prothrombin Time – LAB320
- Fibrinogen – LAB314

UVM Medical Center

Pathology & Laboratory Medicine

Location

111 Colchester Ave.
Burlington, VT 05401

Lab Customer Service

802-847-5121
800-991-2799



**University of
Vermont Health**

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References

- HemosIL Q.F.A. Thrombin(Bovine) (Cat. No.0020301800) package insert revision 06/2017
- HemosIL RecombiPlasTin 2G (pn 20002950/20003050) package insert revision 03/2019
- ACL TOP On-Line Help Manual Rev 2.0, Instrumentation Laboratory.
- Clinical and Laboratory Standards Institute (formerly NCCLS). Collection, Transport, and Preparation of Blood Specimens for Coagulation Testing and Performance of Coagulation Assays – 4th Edition; Approved Guideline. NCCLS document H21-A4, Vol.23, No. 35, 2003.
- XN 9100 Sysmex IFU. Code No. AC794819 Revised May 2014, Sysmex Corporation
- Lusky K. “Emergency hemorrhage panel gives surgeons what they need.” CAP Today, June 2017.
- Chandler WL, Ferrell C, Trimble S, Moody S. Development of a rapid emergency hemorrhage panel. Transfusion. 2010 Dec;50(12):2547-52. doi: 10.1111/j.1537-2995.2010.02753.x. PMID: 20573070.
- COAG 15 Emergency Hemorrhagic Panel (EHP) on ACL TOP and Sysmex XN or Beckman-Coulter DxH Procedure v. 5.1. TriCore Coag-SOP-0026.

For questions regarding this update, please reach out to either Dr. Marian Rollins-Raval (Marian.Rollins-Raval@uvmhealth.org), Russell Brown (Russell.Brown@uvmhealth.org), or Kristin Lundy (Kristin.Lundy@uvmhealth.org).



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