ROTEM® Parameters

U.S. Reference Ranges

<table>
<thead>
<tr>
<th>Parameter</th>
<th>Value (min)</th>
<th>Comment</th>
</tr>
</thead>
<tbody>
<tr>
<td>A10</td>
<td>20-30</td>
<td>Normal</td>
</tr>
<tr>
<td>MCF</td>
<td>40-60</td>
<td>Normal</td>
</tr>
</tbody>
</table>

Assays

INTEM – Intrinsic Pathway activation (F II, V, VIII, IX, XI, XII, Heparin)

EXTEM – Extrinsic Pathway activation (F II, V, VII, X)

FIBTEM – Fibrin activity/contribution to clot formation (extrinsic activation, platelet neutralization)

HEPTEM – Heparin effect (intrinsic activation, heparin neutralization)

APTEM – Confirmation of hyperfibrinolysis (extrinsic activation with antifibrinolytic agent)

Normal TEMograms

ROTEM® Results in Clinically Significant Bleeding

Consider the effects on ROTEM® parameters: CT, A10 (MCF) and MCF.

CT

- Prolonged
  - Suggests Heparin influence or intrinsic pathway factor deficiency

A10

- Prolonged
  - Suggests extrinsic pathway factor deficiency

MCF

- Reduced
  - Suggests inadequate clot firmness as a result of decreased platelets, fibrinogen and/or FXIII

- Increased
  - Suggests inadequate fibrin contribution to clot firmness

ML

- >15%
  - Suggests hyperfibrinolysis

Abnormal TEMograms

(Demonstrating Coagulopathies)

Clinical Interpretation of ROTEM® Parameters

Interpretation Table 1: This table is based on clinical practice. However, other clinicians may have different recommendations and interpretations. TEM Systems, Inc encourages each institution to develop their own tables, algorithms and interpretation procedures.

1. If HEPTEM CT is normal
   - 1. Rule out heparin (MCF 10-20 sec
      - if HEPTEM CT is normal
   - 2. Consider protamine (MCF > 200 sec
      - if HEPTEM CT is normal
   - 3. Consider FFP if increased bleeding

2. Consider cryoprecipitate if clinical bleeding

Disclaimer: This Interpretation guide is intended for use by qualified and trained ROTEM users to assist in the safe interpretation of the results of the ROTEM® Thromboelastometry System. Results from the ROTEM® device should not be the sole basis for a patient diagnosis. ROTEM data results should be considered along with a clinical assessment of the patient's condition and other coagulation laboratory tests.

References: