On the cover: In 1924 Finnish physician Erik von Willebrand first described bleeding disorders in residents of the Åland islands, an archipelago in the Baltic Sea. More than two decades would pass before the cause was identified as a plasma factor deficiency (as opposed to a platelet disorder), and a half century passed before the multimeric glycoprotein named von Willebrand factor (the A3 domain of vWF is illustrated) was first purified. vWF has no catalytic activity, but it stabilizes factor VIII and has several other functions that facilitate platelet adhesion. Deficient or defective vWF causes von Willebrand disease (vWD), characterized by poor platelet adhesion that typically manifests as bleeding from mucous membranes. Multiple types of vWD exist, distinguished by how the vWF defect is qualitative or quantitative. In this issue (insert page number) Harris and colleagues review the laboratory investigation of coagulopathies, of which vWD is the most common.

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