**Supplemental table 2: McNemar Tests**

| **Laboratory data that assisted with heparin anticoagulation monitoring** | | | | |
|---|---|---|---|---|
| | 24-hour period | | 72-hour period | |
| | OR (95$^{th}$ percentile) | p-value | OR (95$^{th}$ percentile) | p-value |
| ACT | 1.6 (0.46 – 6.22) | 0.58 | 2.25 (0.63 – 10.00) | 0.27 |
| PTT | 1.33 (0.41 – 4.66) | 0.79 | 5.00 (1.07 – 46.93) | 0.04 |
| Anti-factor Xa | 1.40 (0.38 – 5.59) | 0.77 | 1.33 (0.41 – 4.66) | 0.79 |
| **Laboratory data that assisted with blood product administration** | | | | |
| | 24-hour period | | 72-hour period | |
| | OR (95$^{th}$ percentile) | p-value | OR (95$^{th}$ percentile) | p-value |
| Platelet count | 1.25 (0.44 – 3.65) | 0.81 | 2.67 (0.64 – 15.61) | 0.23 |
| PT | 1.33 (0.23 – 9.10) | > 0.99 | 0.50 (0.05 – 3.49) | 0.68 |
| Fibrinogen | 2.67 (0.64 – 15.60) | 0.23 | 2.33 (0.53 – 13.98) | 0.34 |
| D-Dimer | - | 0.48 | - | > 0.99 |

*Activated clotting time, ACT; partial thromboplastin time, PTT; prothrombin time, PT; OR, odds ratio.

Aim: To evaluate if abnormal coagulation laboratory tests during 24-hour and 72-hour periods prior to the event are associated with cerebrovascular complications.

Hypothesis: Abnormal coagulation laboratory tests during 24-hour and 72-hour periods prior to the event are associated with cerebrovascular complications. Coagulation laboratory tests during ECMO were classified into 2 categories: 1) data that assisted with heparin anticoagulation monitoring including ACT (seconds), PTT (seconds), and anti-factor Xa (International Units per milliliter), and 2) data that assisted with blood product administration including platelet count (per microliter), PT (seconds), fibrinogen (milligrams per deciliter) and D-dimer (micrograms per milliliter).

Results: Paired matched case-control study design was utilized. Cases were defined as patients with acute cerebrovascular events (intracranial hemorrhage and infarct). Cases were matched 1:1 with appropriate controls. McNemar tests were performed individually for each of the coagulation laboratory tests between the cases and controls, comparing both 24-hour median values as well as 72-hour median values. None of the tests indicated significant association between the presence of abnormal coagulation profile and cerebrovascular events, except for 72-hour period PTT.