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thrombin. There was no correlation between the F 1.2 level and the anticoagulant activity of warfarin in plasma. The F 1.2 level decreased to a minimum value one day after the intake of warfarin (average of daily values: 45 +/- 11.5 ng/ml; normal range: 12 +/- 2 ng/ml), and thereafter remained at this level for at least three days. The F 1.2 level increased again to the original level about three days after the initiation of warfarin therapy. Although there was no evident correlation between the F 1.2 level and the prothrombin or prothrombin-gamma-glutamylcarboxy peptidase I (pro-gamma-Glu-CP) level, the pro-gamma-Glu-CP level tended to increase with the F 1.2 level. Thus, the pro-gamma-Glu-CP activity in plasma was suggested to be a factor in the F 1.2 level during treatment with warfarin. On the other hand, the F 1.2 level was found to correlate well with the prothrombin concentration in plasma. The F 1.2 levels in plasma at the time of warfarin ingestion were about 50% of the

prothrombin concentration in plasma, and this value remained 2d92ce491b