TEST CHANGE

Prolonged Clot Time Reflexive Profile

3006383, CLOT RFLX

Specimen Requirements:	
Patient Preparation:	N/A
Collect:	At least five light blue (sodium citrate) tubes. Refer to Specimen Handling at aruplab.com for hemostasis/thrombosis specimen handling guidelines.
Specimen Preparation:	Transfer five 1 mL aliquots of platelet-poor plasma to five ARUP standard transport tubes and label as sodium citrate. (Min: 1 mL/aliquot and 5 mL total)
Transport Temperature:	CRITICAL FROZEN. Separate specimens must be submitted when additional tests codes are ordered.
Unacceptable Conditions:	Anything other than sodium citrated plasma. Specimens containing anticoagulant medications. Clotted or hemolyzed specimens.
Remarks:	Submit the Patient History form for the Prolonged Clot Time Reflexive Profile.
Stability:	Ambient: Unacceptable; Refrigerated: Unacceptable; Frozen at -20C: 2~~202~~ weeks~~; Frozen at -706 months~~
Methodology:	Electromagnetic Mechanical Clot Detection/Immunoturbidimetry/Microlatex Particle-Mediated Immunoassay/Platelet Agglutination/Chromogenic Assay
Performed:	Sun-Sat
Reported:	2-10 days
Note:	Submission of a completed Patient History form with test order will allow for optimal panel interpretation. The Patient History form for the Prolonged Clot Time Reflexive Profile is available on the ARUP web site or by contacting ARUP Client Services at 800-522-2787. Initial testing will include D-Dimer (0030057), Fibrinogen (0030130), and Lupus Anticoagulant Reflex~~ive~~ Panel (3017009~~0030181~~). Depending on these initial findings, a pathologist will order one or more reflexive tests to provide a comprehensive interpretation. Additional testing may include Factor II, Activity (Prothrombin) (0030007); Factor V, Activity (0030075); Factor VII Activity (0030080), Factor VIII Activity

	(0030095), Chromogenic Factor VIII, Activity (3002343); Factor VIII Activity with Reflex to Bethesda Quantitative, Factor VIII (0030026); Factor IX, Activity (0030100); Factor IX Activity with Reflex to Bethesda Quantitative, Factor IX (0030032); Factor X, Activity (0030105); Factor XI, Activity (0030110); Factor XII, Activity (0030115); von Willebrand Factor Activity (Ristocetin Cofactor) (0030250); von Willebrand Factor Antigen (0030285); Fibrinogen Antigen (0030135); Inhibitor Assay, PT with Reflex to PT 1:1 Mix (2003260); and Inhibitor Assay, PTT with Reflex to PTT 1:1 Mix, with Reflex to 1-Hour Incubation (2003266). Additional charges apply.
CPT Codes:	85390-26; additional CPT codes may apply: 85210; 85220; 85230; 85240; 85245; 85246; 85250; 85260; 85270; 85280; 85335; 85379; 85384; 85385; 85520; 85525; ~~85597;~~ 85598; 85610; 85611; 85613; ~~85635;~~ 85670; 85730.; ~~85732~~
New York DOH Approval Status:	This test is New York DOH approved.
Interpretive Data: Refer to report.	
Reference Interval: Refer to individual components.	