NEW TEST

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Thrombotic Risk Reflex Panel

3017156, THROMRISK

Specimen Requirements:	
Patient Preparation:	Fasting preferred. Refer to Specimen Handling at aruplab.com for hemostasis/thrombosis specimen handling guidelines.
Collect:	Four light blue (sodium citrate) AND two lavender (EDTA) AND two serum separator tubes (SSTs). Also acceptable in place of one of the serum separator tubes (SSTs): green (sodium or lithium heparin) or EDTA (K2 or K3).
Specimen Preparation:	One serum separator tube (SST), green (sodium or lithium heparin) or EDTA (K2 or K3) must be centrifuged and serum or plasma separated within 1 hour of collection. Transfer 1 mL centrifuged serum or plasma to ARUP standard transport tube and label centrifuged tube for homocysteine testing. (Min: 0.5 mL) AND Transfer 2 mL serum into 2 ARUP standard transport tubes, label as serum. (Min: 0.5 mL/tube) AND Transfer 7.5 mL platelet poor plasma prepared from the sodium citrate tubes to 5 ARUP standard transport tubes, label as sodium citrate. (Min: 1 mL/tube) AND Transfer 3 mL lavender whole blood to 2 ARUP standard transport tubes. (Min: 1 mL/tube)
Transport Temperature:	Light blue (sodium citrate): CRITICAL FROZEN. Separate specimens must be submitted when multiple tests are ordered. Lavender whole blood and serum, green (sodium or lithium heparin) or EDTA (K2 or K3): Frozen.
Unacceptable Conditions:	Specimens collected in any tube type not listed above.
Remarks:	
Stability:	Light blue (sodium citrate): Ambient: Unacceptable; Refrigerated: Unacceptable; Frozen: 2 weeks Lavender whole blood: Ambient: 7 days; Refrigerated: 1 week; Frozen: 1 month Serum: Ambient: 2 hours; Refrigerated: 1 week; Frozen: 2 weeks Green (sodium or lithium heparin) or EDTA (K2 or K3): Ambient: 4 days; Refrigerated: 1 month; Frozen: 10 months
Methodology:	Electromagnetic Mechanical Clot Detection/Chromogenic Assay/Quantitative Enzymatic Assay/Semi-Quantitative Enzyme-Linked Immunosorbent Assay (ELISA)/Polymerase Chain Reaction (PCR)/Fluorescence Monitoring/Microlatex Particle-Mediated Immunoassay

Performed:	Varies
Reported:	2-7 days
Note:	Testing will include Antithrombin, Enzymatic (Activity) (0030010); Protein S Free, Antigen (0098894); Protein C, Functional (0030113); Beta-2 Glycoprotein 1 Antibodies, IgG and IgM (0050321); Cardiolipin Antibodies, IgG and IgM (0099344); Lupus Anticoagulant Reflex Panel (3017009); Prothrombin (F2) c.*97G>A (G20210A) Pathogenic Variant (0056060); APC Resistance Profile with Reflex to Factor V Leiden (0030192); and Homocysteine, Total (0099869). If APC resistance is low, or if a valid result cannot be obtained for the APC portion of the profile, then Factor V Leiden by PCR will be added. Additional charges apply. For the Lupus Anticoagulant Reflex Panel (3017009) portion of the panel, if PTT-LA Ratio and dRVVT Screen Ratio are normal, then no further clot-based testing is performed. If either the PTT-LA Ratio or dRVVT Screen Ratio are elevated, then Anti-Xa Qualitative Interpretation is added. If PTT-LA Ratio is elevated, then Thrombin Time is also added. If Anti-Xa Qualitative Interpretation is Present and Thrombin Time is elevated, then Hepzyme treatment is added. If PTT-LA Ratio is normal and Anti-Xa Qualitative Interpretation is Present, or Thrombin Time is abnormal and Anti-Xa Qualitative Interpretation is Not Present, or Thrombin Time is normal and Anti-Xa Qualitative Interpretation is Present, then DOAC-Stop treatment is added. If either Hepzyme or DOAC-Stop treatment is added, then Neutralized PTT-LA Ratio and/or Neutralized dRVVT Screen Ratio are added. If dRVVT Screen Ratio is elevated in the absence of Hepzyme or DOAC-Stop, or if Neutralized dRVVT Screen Ratio is elevated, then dRVVT 1:1 Mix Ratio and dRVVT Confirmation Ratio are added. If PTT-LA Ratio is elevated in the absence of Hepzyme or DOAC-Stop treatment, or if Neutralized PTT-LA Ratio is elevated, then Hexagonal Phospholipid Confirmation is added. Additional charges apply. False elevations of plasma or serum homocysteine may occur if the plasma or serum is not promptly separated from the cells at the time of collection.
CPT Codes:	81240; 83090; 85300; 85303; 85306; 85307; 85610; 85613; 85730; 86147x2; 86146x2; if reflexed, additional CPT codes may apply: 81241; 85520; 85525; 85598; 85613; 85670; 85730.
New York DOH Approval Status:	This test is New York DOH approved.

Interpretive Data:

Refer to individual components.

Reference Interval:

Refer to individual components.

HOTLINE NOTE: Refer to the Hotline Test Mix for interface build information.