

Special Coagulation Form

Patient Room or Client's Lab Reference Number. Information entered here will appear on the final report.

Patient's Social Security Number.

Patient's registration number or social security number.

Print patient's name legibly, last name and first name. Patient names may be coded if desired.

Record the date and time that the specimen was collected. Indicate specimen type; fasting or non-fasting.

Patient's birth date/age and sex. This information is very helpful for selection of appropriate reference ranges.

Indicate the UPIN of referring physician. (Required for Medicare Billing)

Patient I.D. Number. Place any identification specific for the patient in this space, if desired.

Indicate if the results are to be called or faxed or if a copy is to be sent to another physician. Be sure and include both **first and last** name of the physician.

Signature of person completing form. Please use full name format.

Indicate the requested test(s). If the test desired is not listed refer to the Directory of Service and write the test name and order code in the space provided.

Patient's complete address and phone number.

Select billing option. Provide carrier name and complete identification numbers for third party billing.

Provide **all** appropriate ICD-9 diagnosis codes.

1700-1 3458761-6
CIS TEST ACCOUNT
TEST
2308 SANDENEDGE DR
DAYTON, OH 45439-1847
297-823# 01700

DATE COLLECTED: _____ TIME: _____ AM/PM _____ TOTAL VOL / HRS: _____
 Fasting Non-Fasting

U.P.I.N. REFERRING PHYSICIAN AND / OR PAYORS: _____

ADDITIONAL PHYS. DR: _____ U.P.I.N.: _____

Send Duplicate Report to:
 NAME: _____ ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

COMBUNET

DID YOU REMEMBER . . .
 TO INCLUDE DIAGNOSIS CODE(S)?
 TO REQUEST OR MARK TEST(S)?
 TO PROVIDE ORDER CODE(S) FOR HANDWRITTEN TESTS?
 TO CHECK "BILL TO" BOX ABOVE?

PRINT PATIENT NAME (LAST, FIRST, MIDDLE) _____
 REGISTRATION # (IF APPLICABLE) _____ DATE OF BIRTH: M / M / D / YEAR _____ SEX: _____
 PATIENT SOCIAL SECURITY # _____ OFFICE/PATIENT ID # _____
 SITE _____ PERSON COMPLETING REQ. _____ PATIENT PHONE # _____
 PRINT NAME OF INSURED/RESPONSIBLE PARTY (LAST, FIRST, MIDDLE) IF OTHER THAN PATIENT _____
 PATIENT STREET ADDRESS (OR INSURED/RESPONSIBLE PARTY) _____ APT. # _____ KEY # _____
 CITY _____ STATE _____ ZIP _____
 MEDICARE NUMBER _____
 MEDICAID NUMBER _____
 RELATIONSHIP TO INSURED: SELF SPOUSE DEPENDENT
 INSURANCE CO. NAME _____ MEMBER / INSURED ID # _____ GROUP # _____
 INSURANCE ADDRESS _____ CITY _____ STATE _____ ZIP _____
 ICD9 CODE(S) FOR DIAGNOSIS, SYMPTOM, OR COMPLAINT (MUST BE PROVIDED): _____

PATIENT / RESPONSIBLE PARTY SIGNATURE (SEE ADVANCE BENEFICIARY NOTICE ON REVERSE) I have read the statement on the back of this requisition that Medicare is likely to deny payment for identified services for the reason stated. If Medicare denies payment, I agree to be personally and fully responsible for payment.
 X _____

LAB USE ONLY: SE SST RD LV SL UR BA GY GR FR PL SW SP ST URJC GC PROBE PC UT

PROFILES

SEE TEST DIRECTORY FOR COMPONENTS

() 70596 BETHESDA INHIBITOR @ (INDICATE FACTOR)

() 70912 BLEEDING PROFILE @

() 70756 CLOTTING PROFILE @

() 70430 COAG PROFILE @

() 70360 MIXING STUDIES @

() 71401 DIC PROFILE @

() 71408 HYPERCOAG PROFILE @

() 70903 HYPERCOAG SCREEN @

() 70913 LUPUS ANTICOG ASSAY @

() 91483 LUPUS ANTICD PROFILE @

() 70598 FACTOR ID STUDIES @

() 70910 THROMBOTIC PROFILE @

() 70728 VON WILLEBRAND'S PROFILE

() 91146 VON WILLEBRAND'S SCREEN

TESTS

() 763 ACTIVATED PTT @

() 70594 ALPHA 2 ANTIFIBRINOLYTIC ACTIVITY @

() 75990 ANTI-CARDIOLIPIN ADS

() 70905 ANTI-THROMBIN III

() 73694 BETA 2 GLYCOPROTEIN

() 70909 CIRC ANTICOGULANT @

() 70484 D-DIMER (FSP)

() 76196 FACTOR V LEIDEN MUTATION

() 70899 FACTOR II ASSAY

() 70585 FACTOR V ASSAY

() 70593 FACTOR VII ASSAY

() 70595 FACTOR VIII ASSAY

() 70587 FACTOR VIII REL AG

() 70592 FACTOR VIII RCO

() 70586 FACTOR IX ASSAY

() 70591 FACTOR X ASSAY

() 70590 FACTOR XI ASSAY

() 70589 FACTOR XII ASSAY

() 70589 FACTOR XIII

() 70483 FIBRINOGEN

() 70488 HEPARIN-INDUCED ANTI-ANTIBODY

() 73471 MULTIMERIC FACTOR VII

() 70907 PLASMINOGEN

() 70907 PLT AGGREGATION @

() 70900 PLATELET FACTOR 3

() 763035 PLASMINOGEN ACTIVAT

() 70902 PROTEIN C ACTIVITY

() 70901 PROTEIN C ANTIGEN

() 70904 PROTEIN S-TOTAL/FREE

() 8047 PROTHROMBIN TIME @

() 76192 ANTIPHOSPHOLIPID AB

() 76190 ANTIPHOSPHOLIPIDYLSERIN

() 70485 THROMBIN TIME

() 76057 APC RESISTANCE

() 73715R HEX NBDH PHASE ANTI

() 76058 HEPARIN ASSAY

() 73517 FACTOR XI (LMMH)

ADDITIONAL TESTS (PLEASE PRINT)

SERVICE, SCIENCE & INFORMATION - WE'RE HERE FOR YOU!

Physician Signature _____

For any patient of any payer (including Medicare and Medicaid) that has a medical necessity requirement, you should only order those tests which are medically necessary for the diagnosis and treatment of the patient. Physician signature required for Medicaid patients. 11-4419-B (6/99)

Ohio Medicaid requires the physician's signature on the requisition. Stamps are not acceptable

This is the area for the patient's signature that is required for all Medicare limited coverage (@) or Frequency limited (F) tests ordered. See Advanced Beneficiary Notice on the back of the requisition for details.

Specimen Collection – Special Coagulation

INTRODUCTION

The quality of the results obtained with special coagulation testing is highly dependent on the handling of the specimens collected. The following steps must be followed to ensure that accurate results can be obtained. The need to follow these steps will be indicated in the alphabetical test listing.

SPECIMEN COLLECTION

When collecting light blue top tubes, ensure that they are completely filled (4.5 ml of blood). Mix by GENTLE inversion at least 10 times. The following steps must be taken within 1 hour of collection.

1. Using standard venipuncture technique, collect the number and type of tube(s) indicated for the test(s) ordered.

Avoid butterfly collection devices.

2. **A discard tube (red top or blue top) must be drawn first to eliminate tissue fluid activation.**
3. If a lavender top tube is collected, maintain it at room temperature; DO NOT centrifuge the lavender top tube.
4. Centrifuge the light blue top tube(s) for 10 minutes at 3000 rpm. This timing and speed are important – do not alter the centrifugation time or speed.

STAT SPIN centrifugation is NOT acceptable as platelet fragmentation may occur.

5. Carefully remove the top 3/4 of the straw colored plasma from the tube(s) and place into a clean plastic specimen tube. Note: if the plasma shows any red coloration, the sample is hemolyzed and MUST be recollected.
6. Centrifuge the plasma that was removed from the light blue top tubes for 10 minutes at 3000 rpm. This timing and speed are important – do not alter the centrifugation time or speed.
7. Carefully **pour** the plasma into clean plastic specimen tube in one continuous smooth motion.

Note: Take care NOT to tap tubes together when pouring as this will contaminate the samples with any residual platelets that will dramatically alter the test results.

8. Pipette the required volume of plasma into the specified number of plastic specimen tubes as indicated in directory of services. (this process is known as aliquoting). *For lupus anticoagulant assays or profiles and hypercoagulable profiles label one plasma aliquot as “patient plasma control” and send at room temperature.*

9. Place remaining aliquot tubes of plasma into a -20°C freezer. Maintain aliquots frozen until picked up by the CompuNet courier. Note: specimens may be frozen at temperatures lower than -20°C .
10. Discard the original light blue top tube and the now empty plastic specimen tube in an appropriate biohazard container.

Test Name	Test Code	Tube Type	CPT Code(s)	Specimen Requirements
Acquired Thrombotic Profile (Homocysteine, Lupus Anticoagulant Profile, Vactor VIII)	73841	1 SST, 1 L, 5 B		Discard tube required. See Section 10 of directory of services for instructions, 1 lavender top tube, 1 SST, and 5 light blue top tubes (Na Citrate) completely filled with 4.5 mL blood. Transport lavender as whole blood at room temperature. SERUM: Allow to clot for 30 minutes, centrifuge for 10 minutes. Call for courier pick up.
Activated Partial Thromboplastin Time (APTT) (PTT)	763	B	85730	1 blue top tube (Na Citrate) completely filled with 4.5 mL whole blood. Centrifuge. Avoid hemolysis. Remove 1.5 mL plasma to plastic vial and freeze immediately if testing cannot be completed within 4 hours of collection.
Activated Protein C Resistance (APC-R) (APC-Resistance)	76057	B	85307	Discard tube required. See Section 10 of directory of services for instructions, Patient MUST be at rest 10 minutes before collection. 1 light blue top tube (Na Citrate) completely filled with 4.5 mL of blood. Centrifuge. Immediately remove plasma to plastic vial and re-centrifuge plasma. Pour plasma into clean plastic vial. Aliquot 1.0 mL into each of 2 plastic vials. Freeze at -20 C or lower.
Anticardiolipin Antibodies (ACA Ab) (Cardiolipin Antibodies)(includes IgG,IgM and IgA)	75990	S	86147x3	1 SST tube. Allow to clot for 30 minutes. Centrifuge for 10 minutes. Aliquot 0.5 mL serum into each of 2 plastic vials. Refrigerate. Freeze at minus 20 C or lower within 24 hours of collection.
Antineutrophilic Cytoplasmic Antibody (ANCA) MPO and PR3	71079	S	86021x2	1 SST tube. Allow to clot for 30 minutes, centrifuge for 10 minutes. Aliquot 0.5 mL serum into each of 2 plastic vials. Refrigerate. Freeze at -20 C or lower within 24 hours of collection.
Antineutrophilic Cytoplasmic Antibody (ANCA) MPO and PR3	71079	S	86021x2	1 SST tube. Allow to clot for 30 minutes. Centrifuge for 10 minutes. Aliquot 0.5 mL serum into each of 2 plastic vials. Refrigerate. Freeze at -20°C or lower within 24 hours of collection.
AntiphosphatidylSerine Antibodies (APS) (Phosphatidylserine Antibodies): IgG, IgM, IgA	76190	S	86148x3	1 SST tube. Allow to clot for 30 minutes, centrifuge for 10 minutes. Aliquot 0.5 mL serum into each of 2 plastic vials. Refrigerate. Freeze at -20°C or lower within 24 hours of collection.
Antiphosphatidylserine Antibodies (APS) (Phosphatidylserine Antibodies) IgG, IgM, IgA	76190	S	86148 x 3	1 SST tube. Allow to clot for 30 minutes, centrifuge for 10 minutes. Aliquot 0.5 mL serum into each of 2 plastic vials. Refrigerate. Freeze at -20°C or lower within 24 hours of collection.
Antiphospholipid Antibodies (APA) (Phospholipid Antibodies): includes ACA, APS,Beta 2 glycoprotein, AptA	76192	S	86147x3 86148x3 86146x3 83516x2	1 SST tube. Allow to clot for 30 minutes, centrifuge for 10 minutes. Aliquot 0.5 mL serum into each of 4 plastic vials. Refrigerate. Freeze at -20°C or lower within 24 hours of collection.
Antiphospholipid Antibodies (ACA, APS,Beta 2 glycoprotein, AptA)	76192	S	86146x3 86147x3 86148x3 83516x2	1 SST tube. Allow to clot for 30 minutes, centrifuge for 10 minutes. Aliquot 0.5 mL serum into each of 4 plastic vials. Refrigerate. Freeze at -20°C or lower within 24 hours of collection.

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Test Name	Test Code	Tube Type	CPT Code(s)	Specimen Requirements
AntiProthrombin Antibodies (AptA) (Prothrombin Aantigodies): includes IgG, IgM	73880	S	83516x2	1 SST tube. Allow to clot for 30 minutes, centrifuge for 10 minutes. Aliquot 0.5 mL serum into each of 2 plastic vials. Refrigerate. Freeze at -20°C or lower within 24 hours of collection.
Antithrombin III (AT3) (Heparin Cofactor)	70905	B	85300	Discard tube required. See Section 10 of directory of services for instructions, 1 light blue top tube (Na Citrate) completely filled with 4.5 mL of blood. Centrifuge. Remove plasma to plastic vial and re-centrifuge plasma. Pour plasma into clean plastic vial. Aliquot 1.0 mL plasma into each of 2 plastic vials. Freeze at -20 C or lower.
APC - Resistance	76057	B	85307	Discard tube required. See Section 10 of directory of services for instructions, Patient MUST be at rest 10 minutes before collection. 1 light blue top tube (Na Citrate) completely filled with 4.5 mL of blood. Centrifuge. Remove plasma to plastic vial and re-centrifuge plasma. Pour plasma into clean plastic vial. Aliquot 1.0 mL plasma into each of 2 plastic vials. Freeze at -20 C or lower.
APTT (Activated Partial Thromboplastin Time) (PTT)	763	B	85730	1 blue top tube (Na Citrate) completely filled with 4.5 mL whole blood. Centrifuge. Avoid hemolysis. Remove 1.5 mL plasma to plastic vial and freeze immediately if testing cannot be completed within 4 hours of collection.
APTT (Activated Partial Thromboplastin Time) (PTT)	763	B	85730	1 blue top tube (Na Citrate) completely filled with 4.5 mL whole blood. Centrifuge. Avoid hemolysis. Remove 1.5 mL plasma to plastic vial and freeze immediately if testing cannot be completed within 4 hours of collection.
Beta 2 Glycoprotein (Beta 2 GP I): includes IgG, IgM, IgA	73694	S	86146x3	1 SST tube. Allow to clot for 30 minutes, centrifuge for 10 minutes. Aliquot 0.5 mL serum into each of 2 plastic vials. Refrigerate. Freeze at minus 20°C or lower within 24 hours of collection.
Bethesda Inhibitor Profile (includes PT, PT 1:1, PT 1:4,APTT, TC, Factor X Bethesda Quantitation	70596	3B	85610 85730 85670 85732x6	Discard tube required. See Section 10 of directory of services for instructions, 3 light blue top tubes (Na Citrate) completely filled with 4.5 mL of blood each. Centrifuge. Remove plasma to a plastic vial and re-centrifuge plasma. Pour plasma into clean plastic vial. Aliquot 2.0 mL plasma into each of 3 plastic vials. Freeze at -20°C or lower.
Bleeding Profile (includes PT,APTT,TT, PLT,PFS)	70912	L & 3B	85049 85670 85610 85730 85576	Discard tube required. See Section 10 of directory of services for instructions, 1 lavender top tube (EDTA) and 3 blue top tubes (Na Citrate). Transport lavender and blue top tubes whole blood at room temperature. All tubes MUST be transported to MVH hematology testing site within 4 hours of collection. Request STAT courier. The PFS test must be performed within 4 hours of draw. Avoid hemolysis.
Cardiolipin Antibodies (ACA): includes IgG, IgM, IgA	75990	S	86147x3	1 SST tube. Allow to clot for 30 minutes, centrifuge for 10 minutes. Aliquot 0.5 mL serum into each of 2 plastic vials. Refrigerate. Freeze at -20°C or lower within 24 hours of collection.

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Test Name	Test Code	Tube Type	CPT Code(s)	Specimen Requirements
Circulating Anticoagulant (Circulating Inhibitor): includes: PT, sensitive APTT, TT, incubated mixing studies	70909	3B	85670 85732x6 85610 85611 85730	Discard tube required. See Section 10 of directory of services for instructions, 3 light blue top tubes (Na Citrate) completely filled with 4.5 mL of blood each. Centrifuge. Remove plasma from each to a plastic vial and re-centrifuge plasma. Pour into a clean plastic vial. Aliquot 2.0 mL plasma into each of 3 plastic vials. Freeze at -20C or lower.
Clotting Profile : includes Platelet Count, PT, APTT, Fibrinogen	70756	L & 2 B	85384 85049 85730 85610	Discard tube required. See Section 10 of directory of services for instructions, 1 lavender top tube (EDTA) and 2 light blue top tubes (Na Citrate). Transport lavender at room temperature. For blue top tubes only: fill completely with 4.5 ml of blood. Centrifuge only the blue top tubes. Remove plasma to plastic vial and re-centrifuge plasma. Pour plasma into a clean plastic vial. Aliquot 1.5 ml plasma into each of 2 plastic vials. Freeze at -20 C or lower.
Coagulation Profile(Coagulation Panel): includes platelet count, PT, APTT	70430	L & B	85049 85730 85610	Discard tube required. See Section 10 of directory of services for instructions, 1 lavender top tube (EDTA) and 1 light blue top tube (Na Citrate). Maintain Lavender at room temp. Completely fill blue top tube with 4.5 ml of blood. Centrifuge only the blue tube for 10 minutes. Remove 1.5 ml plasma to plastic vial and freeze at -20°C or lower.
D-Dimer - Semi-Quantitative (FSP)	70484	B	85378	1 light blue top tube (Na Citrate) completely filled. Centrifuge. Remove plasma to plastic vial. Aliquot 1.0 mL plasma into each of 2 plastic vials. Freeze at -20°C or lower.
DIC Profile: includes Platelet count, PT, APTT, Fibrinogen, TCT, D-Dimer, Plasminogen	71481	L & 2B	85049 85670 85420 85384 85378 85610 85730	Discard tube required. See Section 10 of directory of services for instructions, 1 lavender top tube (EDTA) and 2 light blue top tubes (Na Citrate) each completely filled with 4.5 mL of blood. Transport lavender at room temperature. Centrifuge only the blue top tubes. Remove plasma to a plastic vial and re-centrifuge. Pour plasma into a clean plastic vial. Aliquot 1.0 mL into each of 3 plastic vials. Freeze at -20 C or lower.
Dilute Russell's Viper Venom Time, DRVVT (Part of Lupus Anticoagulant Assay)	70911	L & 3B	85049 85670 85347 85732x2 85610 85611 85730 85705 85613x2 85597x2	Discard tube required. See Section 10 of directory of services for instructions, 1 lavender top tube and 3 light blue top tube (Na Citrate). Call for courier pick up.
Factor I Assay (see Fibrinogen)	70483	B	85384	Discard tube required. See Section 10 of directory of services for instructions, 1 light blue top tube (Na Citrate) completely filled with 4.5 ml of blood. Centrifuge, remove plasma to a plastic vial and re-centrifuge plasma. Pour plasma into a clean plastic vial. Aliquot 1.0 ml plasma into each of 2 plastic vials. Freeze at -20 degree C or lower.
Factor II Assay	70899	B	85210	Discard tube required. See Section 10 of directory of services for instructions, 1 light blue top tube (Na Citrate) completely filled with 4.5 mL of blood. Centrifuge. Remove plasma to a plastic vial and re-centrifuge plasma. Pour plasma into clean plastic vial. Aliquot 1.0 mL plasma into each of 2 plastic vials. Freeze at -20 C or lower.

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Special Coagulation Testing

Test Name	Test Code	Tube Type	CPT Code(s)	Specimen Requirements
Factor II Inhibitor	74259	3B	85610 85730 85670 85335	Discard tube required. See Section 10 of directory of services for instructions, 3light blue top tube (Na Citrate) completely filled with 4.5 mL of blood. Centrifuge. Remove all plasma to a plastic vial and re-centrifuge plasma. Pour plasma into a clean plastic vial. Aliquot 2.0 mL plasma into each of 3 plastic vials. Freeze at -20 C or lower.
Factor IX Assay	70586	B	85250	Discard tube required. See Section 10 of directory of services for instructions, 1 light blue top tube (Na Citrate) completely filled with 4.5 mL of blood. Remove plasma to a plastic vial and re-centrifuge plasma. Pour plasma into clean plastic vial. Aliquot 1.0 mL plasma into each of 2 plastic vials. Freeze at -20 C or lower.
Factor V Assay	70585	B	85220	Discard tube required. See Section 10 of directory of services for instructions, 1 light blue top tube (Na Citrate) completely filled with 4.5 mL of blood. Centrifuge. Remove plasma to a plastic vial and re-centrifuge plasma. Pour plasma into a clean plastic vial. Aliquot 1.0 mL into each of 2 plastic vials. Freeze at -20 C or lower.
Factor V Leiden Profile (APC-R, Factor V Leiden)	73773	L, B	85037 83891 83898 83896x2 83912	Discard tube required. See Section 10 of directory of services for instructions, Patient must be at rest 10 minutes prior to collection of 1 Lavender (EDTA) and 1 light blue top tube (Na Citrate) completely filled with 4.5 mL of blood. Maintain lavender at room temperature. BLUE TOP TUBE: Centrifuge, Remove plasma to a plastic vial and re-centrifuge plasma. Pour plasma into a clean plastic vial. Aliquot 1.0 mL plasma into each of 2 plastic vials. Freeze at -20 C or lower.
Factor VII Assay	70593	B	85230	Discard tube required. See Section 10 of directory of services for instructions, 1 light blue top tube (Na Citrate) completely filled with 4.5 mL of blood. Centrifuge. Remove plasma to a plastic vial and re-centrifuge plasma. Pour plasma into a clean plastic vial. Aliquot 1.0 mL plasma into each of 2 plastic vials. Freeze at -20 C or lower.
Factor VIII Related Antigen (Factor VIII Rel Ag, , von Willebrand's Factor Antigen, vWF Antigen)	70587	B	85244	Discard tube required. See Section 10 of directory of services for instructions, 1 light blue top tube (Na Citrate) completely filled with 4.5 mL of blood. Centrifuge. Remove plasma to a plastic vial and re-centrifuge plasma. Pour plasma into a clean plastic vial. Aliquot 1.0 mL plasma into each of 2 plastic vials. Freeze at -20 C or lower.
Factor VIII Ristocetin Cofactor (Ristocetin Cofactor, Factor VIII RCo, von Willebrand's Factor Activity, vWF Activity)	70592	B	85245	Discard tube required. See Section 10 of directory of services for instructions, 1 light blue top tube (Na Citrate) completely filled with 4.5 mL of blood. Centrifuge. Remove plasma to a plastic vial and re-centrifuge plasma. Pour plasma into a clean plastic vial. Aliquot 1.0 mL plasma into each of 2 plastic vials. Freeze at -20 C or lower.

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Test Name	Test Code	Tube Type	CPT Code(s)	Specimen Requirements
Factor VIIIc Assay (Factor VIII or Factor VIII Activity, Factor VIII Assay, Antihemophilia Factor)	70595	B	85240	Discard tube required. See Section 10 of directory of services for instructions, 1 light blue top tube (Na Citrate) completely filled with 4.5 mL of blood. Centrifuge. Remove plasma to a plastic vial and re-centrifuge plasma. Pour plasma into a clean plastic vial. Aliquot 1.0 mL plasma into each of 2 plastic vials. Freeze at -20 C or lower.
Factor X Assay	70591	B	85260	Discard tube required. See Section 10 of directory of services for instructions, 1 light blue top tube (Na Citrate) completely filled with 4.5 mL of blood. Centrifuge. Remove plasma to a plastic vial and re-centrifuge plasma. Pour plasma into a clean plastic vial. Aliquot 1.0 mL plasma into each of 2 plastic vials. Freeze at -20 C or lower.
Factor Xa (Porcine) : [anti-Xa Procine] [UF Heparin]	76058	B	85520	Discard tube required. See Section 10 of directory of services for instructions, 1 light blue top tube (Na Citrate) completely filled with 4.5 mL of blood. Keep sample on ice prior to centrifugation. Centrifuge within 30 minutes of collection.. Remove plasma and aliquot 1.0 mL plasma into each of 2 plastic vials. Freeze immediately at -20 C or lower. PSC venipunctures: (Discard tube required). Collect 1 citrated blue top tube. Centrifuge immediately at 3000 rpm for exactly 10 minutes. Remove plasma within 2 minutes of centrifugation and place in freezer. Request courier pick up on dry ice. (Maintain in Refrigerator until transported if freezer is not available.)
Factor Xa (Fragmin) : (anti-Xa Fragmin) (LMWH Assay-Fragmin)	73931	B	85260	Discard tube required. See Section 10 of directory of services for instructions, 1 light blue top tube (Na Citrate) completely filled with 4.5 mL of blood. Keep sample on ice prior to centrifugation. Centrifuge within 30 minutes of collection.. Remove plasma and aliquot 1.0 mL plasma into each of 2 plastic vials. Freeze immediately at -20 C or lower. PSC venipunctures: (Discard tube required). Collect 1 citrated blue top tube. Centrifuge immediately at 3000 rpm for exactly 10 minutes. Remove plasma within 2 minutes of centrifugation and place in freezer. Request courier pick up on dry ice. (Maintain in Refrigerator until transported if freezer is not available.)
Factor Xa Assay (Lovenox) : [anti-Xa Lovenox] [LMWH-Lovenox]	73517	B	85260	Discard tube required. See Section 10 of directory of services for instructions, 1 light blue top tube (Na Citrate) completely filled with 4.5 mL of blood. Keep sample on ice prior to centrifugation. Centrifuge within 30 minutes of collection. Remove plasma and aliquot 1.0 mL plasma into each of 2 plastic vials. Freeze immediately at -20 C or lower. PSC venipunctures: (Discard tube required). Collect 1 citrated blue top tube. Centrifuge immediately at 3000 rpm for exactly 10 minutes. Remove plasma within 2 minutes of centrifugation and place in freezer. Request courier pick up on dry ice. (Maintain in Refrigerator until transported if freezer is not available.)
Factor XI Assay	70590	B	85270	Discard tube required. See Section 10 of directory of services for instructions, 1 light blue top tube (Na Citrate) completely filled with 4.5 mL of blood. Centrifuge. Remove plasma to a plastic vial and re-centrifuge plasma. Pour plasma into a clean plastic vial. Aliquot 1.0 mL plasma into each of 2 plastic vials. Freeze at -20 C or lower.

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Special Coagulation Testing

Test Name	Test Code	Tube Type	CPT Code(s)	Specimen Requirements
Factor XII Assay	70589	B	85280	Discard tube required. See Section 10 of directory of services for instructions, 1 light blue top tube (Na Citrate) completely filled with 4.5 mL of blood. Centrifuge. Remove plasma to a plastic vial and re-centrifuge plasma. Pour plasma into a clean plastic vial. Aliquot 1.0 mL plasma into each of 2 plastic vials. Freeze at -20 C or lower.
Factor XIII Assay: [Fibrin Stabilizing Factor, Urea Solubility Screen]	70588	B	85290	Discard tube required. See Section 10 of directory of services for instructions, 1 light blue top tube (Na Citrate) completely filled with 4.5 mL of blood. Centrifuge. Remove plasma to a plastic vial and re-centrifuge plasma. Pour plasma into a clean plastic vial. Aliquot 1.0 mL plasma into each of 2 plastic vials. Freeze at -20 C or lower.
Fibrin Split Products (FSP) by D-Dimer - Semi-Quantitative	70484	B	85378	Discard tube required. See Section 10 of directory of services for instructions, 1 light blue top tube (Na Citrate) full draw. Centrifuge. Remove plasma to a plastic vial and re-centrifuge plasma. Pour plasma into a clean plastic vial. Aliquot 1.0 ml plasma into each of 2 plastic vials. Freeze at -20 C or lower.
Fibrinogen (Factor I)	70483	B	85384	Discard tube required. See Section 10 of directory of services for instructions, 1 light blue top tube (Na Citrate) completely filled with 4.5 ml of blood. Centrifuge, remove plasma to a plastic vial and re-centrifuge plasma. Pour plasma into a clean plastic vial. Aliquot 1.0 ml plasma into each of 2 plastic vials. Freeze at 20 degree C or lower.
FSP (Fibrin Split Products) by D-Dimer - Semi-Quantitative	70484	B	85378	Discard tube required. See Section 10 of directory of services for instructions, 1 light blue top tube (Na Citrate) full draw. Centrifuge. Remove plasma to a plastic vial and re-centrifuge plasma. Pour plasma into a clean plastic vial. Aliquot 1.0 mL plasma into each of 2 plastic vials. Freeze at -20 C or lower.
Heparin Assay (See Factor Xa . Select assay for specific type of heparin given.)	76058	B	85520	Discard tube required. See Section 10 of directory of services for instructions, 1 light blue top tube (Na Citrate) completely filled with 4.5 mL of blood. Keep sample on ice prior to centrifugation. Centrifuge within 30 minutes of collection. Remove plasma and aliquot 1.0 mL plasma into each of 2 plastic vials. Freeze immediately at -20 C or lower. PSC venipunctures: (Discard tube required). Collect 1 citrated blue top tube. Centrifuge immediately at 3000 rpm for exactly 10 minutes. Remove plasma within 2 minutes of centrifugation and place in freezer. Request courier pick up on dry ice. (Maintain in Refrigerator until transported if freezer is not available.)
Heparin Therapy Hypercoagulable Profile [Protein C, Protein S, Plasminogen, Phospholipid Antibodies, Homocysteine, APT-Resistance, Prothrombin Gene Mutation, Hexagonal Monoclonal Phase Antibody]	73987	2 SST, 1 L, 3 B		Discard tube required. See Section 10 of directory of services for instructions, 1 lavender top tube, 2 SST, and 3 light blue top tubes (Na Citrate) completely filled with 4.5 mL blood. Transport lavender as whole blood at room temperature. SERUM: Allow to clot for 30 minutes, centrifuge for 10 minutes. Call for courier pick up.

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Test Name	Test Code	Tube Type	CPT Code(s)	Specimen Requirements
Heparin-Induced Antiplatelet Antibody (HIPA, HPIA, HP4IA)	70488	B Specimens received in department by 11:00 am M-F will be resulted same day.	86022	Discard tube required. See Section 10 of directory of services for instructions, 1 light blue top tube (Na Citrate) completely filled with 4.5 mL of blood. Centrifuge. Remove plasma to a plastic vial and re-centrifuge plasma. Pour plasma into a clean plastic vial. Aliquot 1.0 mL plasma into each of 2 plastic vials. Freeze at -20 C or lower.
Hexagonal Monoclonal Phase Antibody (HMPA, LA confirm)	73715	B	85597	Discard tube required. See Section 10 of directory of services for instructions, 1 light blue top tube (Na Citrate) completely filled with 4.5 mL of blood. Centrifuge. Remove plasma to a plastic vial and re-centrifuge plasma. Pour plasma into a clean plastic vial. Aliquot 1.0 mL plasma into each of 2 plastic vials. Freeze at -20 C or lower.
Homocysteine	73936	S	83090	1 SST tube. Allow to clot for 30 minutes, centrifuge for 10 minutes. Maintain at Room temperature.
Hypercoagulable Profile (Protein C, Protein S-Total and Free, AT3, Plasminogen, Lupus Anticoagulant, APC-Resistance, Phospholipid Antibodies)	71480	S, L & 6B	85303 85305 85306 85300 85420 86147x3 85049 85670 85347 85732x2 85610 85611 85730 86148x3 86146x3 83516x2 85705 85613x2 85597x2 85307	Discard tube required. See Section 10 of directory of services for instructions, 1 lavender top tube, 1 SST, and 6 light blue top tubes (Na Citrate) completely filled with 4.5 mL blood. Transport lavender as whole blood at room temperature. SERUM: Allow to clot for 30 minutes, centrifuge for 10 minutes. Call for courier pick up.
Hypercoagulable Screen (includes Protein C Activity, Protein S Free, and Protein S Total)	70903	2B	85303 85305 85306	Discard tube required. See Section 10 of directory of services for instructions, 2 light blue top tubes (Na Citrate) completely filled with 4.5 mL blood. Transport lavender as whole blood at room temperature. SERUM: Allow to clot for 30 minutes, centrifuge for 10 minutes. Remove all citrated plasma to a plastic vial and re-centrifuge plasma. Pour plasma into a clean plastic vial. Aliquot 1.0 mL plasma into each of 4 plastic vials. Freeze at -20 C or lower.
Inherited Thrombotic Profile [APC-Resistance, Plasminogen, Protein C, Protein S, Homocysteine, Factor VIII]	73840	1 SST, 4 B		Discard tube required. See Section 10 of directory of services for instructions, 1 SST, and 4 light blue top tubes (Na Citrate) completely filled with 4.5 mL blood. Transport lavender as whole blood at room temperature. SERUM: Allow to clot for 30 minutes, centrifuge for 10 minutes. Remove all citrated plasma to a plastic vial and re-centrifuge plasma. Pour plasma into a clean plastic vial. Aliquot 1.0 mL plasma into each of 5 plastic vials. Freeze at -20 C or lower.

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Test Name	Test Code	Tube Type	CPT Code(s)	Specimen Requirements
Kaolin Clotting Time (KCT) (Part of Lupus Anticoagulant Assay)	70911	L & 3B	85049 85670 85347 85732x2 85610 85611 85730 85705 85613x2 85597x2	Discard tube required. See Section 10 of directory of services for instructions, 1 lavender top tube and 3 light blue top tube (Na Citrate). See Lupus anticoagulant assay for specimen handling.
Kaolin Clotting Time :[KCT] (Part of Lupus Anticoagulant Assay)	70911	L & 3B	85049 85670 85347 85732x2 85610 85611 85730 85705 85613x2 85597x2	Discard tube required. 1 lavender top tube and 3 light blue top tube (Na Citrate). Transport lavender at room temperature. Call for courier pick up.
Lupus Anticoagulant Assay (includes platelet count, PT sensitive APTT, Dilute Russell's Viper Venom Time, Kaolin Clotting Time. Reflux as needed to Thrombin Time, Platelet Neutralization Procedure, HMPA, TTI ,1:1 mixing studies and LA Confirm	70911	L & 3B	85049 85670 85347 85732x2 85610 85611 85730 85705 85613x2 85597x2	Discard tube required. See Section 10 of directory of services for instructions, 1 lavender top tube and 3 light blue top tube (Na Citrate). completely filled with 4.5 mL blood. Transport lavender as whole blood at room temperature. Call for courier pick up.
Lupus Anticoagulant Profile, (AntiPhospholipid Antibodies and Lupus Anticoagulant Assay)	91483	S,L, & 3B	86147x3 85049 85670 85347 85732x2 85610 85611 85730 86148x3 86146x3 83516x2 85705 85613x2 85597x2	Discard tube required. See Section 10 of directory of services for instructions, 1 lavender top tube, 1 SST, and 3 light blue top tubes (Na Citrate) completely filled with 4.5 mL blood. Transport lavender as whole blood at room temperature. SERUM: Allow to clot for 30 minutes, centrifuge for 10 minutes. Call for courier pick up.
Mixing Studies: (PT, PT 1:1 mix; sensitive APTT, APTT 1:1 mix, APTT 1:4 mix, Thrombin Time.) Mixes are not incubated – order circulating anticoagulant for incubation studies	70360	B	85610 85611 85730 85732x2 85670	Discard tube required. See Section 10 of directory of services for instructions, 1 light blue top tube (Na Citrate). completely filled with 4.5 mL blood. Centrifuge. Remove all plasma to a plastic vial and re-centrifuge plasma. Pour plasma into a clean plastic vial. Aliquot 1.0 mL plasma into each of 2 plastic vials. Freeze at -20 C or lower.
O.A.T. (Oral Anticoagulant Therapy) Hypercoagulable Profile [AT3, Plasminogen, APC-Resistance, Phospholipid Antibodies, Homocysteine, Prothrombin Gene Mutation, Hexagonal Monoclonal Phase Antibody]	76350	2 SST, L, 3 B		Discard tube required. See Section 10 of directory of services for instructions, 1 lavender top tube, 2 SST, and 3 light blue top tubes (Na Citrate) completely filled with 4.5 mL blood. Transport lavender as whole blood at room temperature. SERUM: Allow to clot for 30 minutes, centrifuge for 10 minutes. Call for courier pick up.

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Special Coagulation Testing

Test Name	Test Code	Tube Type	CPT Code(s)	Specimen Requirements
Partial Thromboplastin Time (APTT, PTT, Activated Partial Thromboplastin Time)	763	B	85730	1 blue top tube (Na Citrate) completely filled with 4.5 ml whole blood. Centrifuge. Avoid hemolysis. Remove 1.5 ml plasma to plastic vial and freeze immediately if testing cannot be completed within 4 hours of collection.
PFS (Platelet Function Screen)	73870	B	85576 reflex to 85576x2	1 light blue top tube (Na Citrate) whole blood - full draw. Maintain at room temperature. Request STAT courier to transport specimen to MVH hematology for testing. Must be tested within 4 hours of collection. Avoid hemolysis. Please order PFS assay on a separate requisition due to limited specimen stability and testing location.
Plasminogen	70907	B	85420	Discard tube required. See Section 10 of directory of services for instructions, 1 light blue top tube (Na Citrate) completely filled with 4.5 mL of blood. Centrifuge. Remove plasma to a plastic vial and re-centrifuge plasma. Pour plasma into a clean plastic vial. Aliquot 1.0 mL plasma into each of 2 plastic vials. Freeze at -20 C or lower.
Platelet (Plt) Aggregation (includes: Platelet Count, PT, sensitive APTT, Fibrinogen, D-Dimer, Arachidonic Acid, 2 concentrations of ADP, Collagen and Epinephrine, 3 concentrations of Ristocetin including low dose, pathology interpretation)	70487	1L, 6B (Must be scheduled with department.)	85610 85730 85384 85576x5	Discard tube required. Samples must NOT be centrifuged and must be maintained at Room Temperature. Must be scheduled in advance. Contact Special Coagulation Department at 297-8290
Platelet (PLT) Factor 3 (PF3)	70900	B	85999	Discard tube required. See Section 10 of directory of services for instructions, Must be scheduled in advance. Contact Special Coagulation Department at 297-8290.
Platelet Function Screen (PFS)	73870	B	85576 reflex 85576x2	1 light blue top tube (Na Citrate) whole blood - full draw. Maintain at room temperature. Request STAT courier to transport specimen to MVH hematology for testing. Must be tested within 4 hours of collection. Avoid hemolysis.
Protein C Antigen	70901	B	85302	Discard tube required. See Section 10 of directory of services for instructions, 1 light blue top tube (Na Citrate) completely filled with 4.5 mL of blood. Centrifuge. Remove plasma to a plastic vial and re-centrifuge plasma. Pour plasma into a clean plastic vial. Aliquot 1.0 mL plasma into each of 2 plastic vials. Freeze at -20 C or lower.
Protein C Resistance, Activated (APC-R)	76057	B	85307	Discard tube required. See Section 10 of directory of services for instructions, Patient MUST be at rest 10 minutes before collection of 1 light blue top tube (Na Citrate) completely filled with 4.5 mL of blood. Centrifuge. Remove plasma to a plastic vial and re-centrifuge plasma. Pour plasma into a clean plastic vial. Aliquot 1.0 mL plasma into each of 2 plastic vials. Freeze at -20 C or lower.

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Test Name	Test Code	Tube Type	CPT Code(s)	Specimen Requirements
Protein C: [Protein C Activity]	70902	B	85303	Discard tube required. See Section 10 of directory of services for instructions, 1 light blue top tube (Na Citrate) completely filled with 4.5 mL of blood. Centrifuge. Remove plasma to a plastic vial and re-centrifuge plasma. Pour plasma into a clean plastic vial. Aliquot 1.0 mL plasma into each of 2 plastic vials. Freeze at -20 C or lower.
Protein S - Total & Free	70904	B	85305 85306	Discard tube required. See Section 10 of directory of services for instructions, 1 light blue top tube (Na Citrate) completely filled with 4.5 mL of blood. Centrifuge. Remove plasma to a plastic vial and re-centrifuge plasma. Pour plasma into a clean plastic vial. Aliquot 1.0 mL plasma into each of 2 plastic vials. Freeze at -20 C or lower.
Prothrombin time (PT) (Prottime, INR)	8847	B	85610	1 light blue top tube (Na Citrate) completely filled with 4.5 ml of blood. May be stored at room temperature for up to 24 hours if STOPPER IS INTACT.
PT (Prothrombin Time)(Prottime, INR)	8847	B	85610	1 light blue top tube (Na Citrate) completely filled with 4.5 ml of blood. May be held up to 24 hours at room temperature IF STOPPER IS INTACT.
PTT (Activated Partial Thromboplastin Time)	763	B	85730	1 blue top tube (Na Citrate) completely filled with 4.5 ml whole blood. Centrifuge. Avoid hemolysis. Remove 1.5 ml plasma to plastic vial and freeze immediately if testing cannot be completed within 4 hours of collection.
Reptilase Time	70599	B	85635	Discard tube required. See Section 10 of directory of services for instructions, 1 light blue top tube (Na Citrate) completely filled with 4.5 mL of blood. Centrifuge. Remove plasma to a plastic vial and re-centrifuge plasma. Pour plasma into a clean plastic vial. Aliquot 1.0 mL plasma into each of 2 plastic vials. Freeze at -20 C or lower.
Ristocetin Cofactor (Von Willibrands activity)	70592	B	85245	Discard tube required. See Section 10 of directory of services for instructions, 1 light blue top tube (Na Citrate) completely filled with 4.5 mL of blood. Centrifuge. Remove plasma to a plastic vial and re-centrifuge plasma. Pour plasma into a clean plastic vial. Aliquot 1.0 mL plasma into each of 2 plastic vials. Freeze at -20 C or lower.
Thrombin Time	70485	B	85670	Discard tube required. See Section 10 of directory of services for instructions, 1 light blue top tube (Na Citrate) completely filled with 4.5 mL of blood. Centrifuge. Remove plasma to a plastic vial and re-centrifuge plasma. Pour plasma into a clean plastic vial. Aliquot 1.0 mL plasma into each of 2 plastic vials. Freeze at -20 C or lower.
Thrombotic Profile (TT, Protein C, Protein S, ATIII, plasminogen, APC-Resistance)	70910	3B	85670 85303 85305 85306 85300 85420 85307	Discard tube required. See Section 10 of directory of services for instructions, 3 light blue top tube (Na Citrate) completely filled with 4.5 mL of blood. Centrifuge. Remove all plasma to a plastic vial and re-centrifuge plasma. Pour plasma into a clean plastic vial. Aliquot 1.0 mL plasma into each of 6 plastic vials. Freeze at -20 C or lower.

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Test Name	Test Code	Tube Type	CPT Code(s)	Specimen Requirements
Von Willebrand's Factor Activity (vWF Activity, Factor VIII Ristocetin Cofactor, Factor VIII Rco)	70592	B	85245	Discard tube required. See Section 10 of directory of services for instructions, 1 light blue top tube (Na Citrate) completely filled with 4.5 mL of blood. Centrifuge. Remove plasma to a plastic vial and re-centrifuge plasma. Pour plasma into a clean plastic vial. Aliquot 1.0 mL plasma into each of 2 plastic vials. Freeze at -20 C or lower
Von Willebrand's Factor Antigen (vWF Antigen, Factor VIII Related Antigen, Factor VIII Rel Ag)	70587	B	85244	Discard tube required. See Section 10 of directory of services for instructions, 1 light blue top tube (Na Citrate) completely filled with 4.5 mL of blood. Centrifuge. Remove plasma to a plastic vial and re-centrifuge plasma. Pour plasma into a clean plastic vial. Aliquot 1.0 mL plasma into each of 2 plastic vials. Freeze at -20 C or lower
Von Willebrand's Profile (includes Factor VIIIc Assay, Factor VIII Ristocetin Cofactor, Factor VIII Related Antigen, Multimeric Factor VIII)	70728	3B	85240 85244 85245 85247	Discard tube required. See Section 10 of directory of services for instructions, 3 light blue top tube (Na Citrate) completely filled with 4.5 mL of blood. Centrifuge. Remove all plasma to a plastic vial and re-centrifuge plasma. Pour plasma into a clean plastic vial. Aliquot 1.0 mL plasma into each of 6 plastic vials. Freeze at -20 C or lower.
Von Willebrand's Screen (includes Factor VIIIc Assay, Factor VIII Ristocetin Cofactor, Factor VIII Related Antigen)	91146	2B	85240 85244 85245	Discard tube required. See Section 10 of directory of services for instructions, 2 light blue top tube (Na Citrate) completely filled with 4.5 mL of blood. Centrifuge. Remove all plasma to a plastic vial and re-centrifuge plasma. Pour plasma into a clean plastic vial. Aliquot 1.0 mL plasma into each of 4 plastic vials. Freeze at -20 C or lower.

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