

Fibrinogen

Order Name: **FIBRINOGEN**Test Number: 1501600
Revision Date: 10/08/2024

TEST NAME		ME	ETHODOLOGY	LOINC CODE	
TEST IVAIVIE	EST NAME		1110000001	LOINE CODE	
Fibrinogen	ogen		lot Detection	3255-7	
SPECIMEN REQU	IIREMENTS				
Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment	
Preferred	2.7 mL	Whole Blood	Sodium Citrate 3.2% (Blue Top)	Room Temperature	
Alternate 1	1.5 mL	Double Spun Plasma	Sterile, Capped Plastic Tube	Frozen	
Instructions	Please indicate anticoagulant therapy.				
	Each 2.7mL Sodium Citrate 3.2% (Blue Top) tube must be filled to the proper level, no hemolysis. Improperly filled tubes can give erroneous results.				
	Whole blood must be transported to lab immediately.				
	If testing cannot be started within 4 hours of collection the specimen must be double spun then 1.5mL plasma aliquot from each tube into				
	individual plastic aliquot tubes and freeze.				
	Do not pool aliquots together!				

GENERAL INFORMATION	
Testing Schedule	Mon-Fri - Both Shifts
Expected TAT	1 Day From Set Up
Clinical Use	Fibrinogen is increased in diabetes, pregnancy, and inflammatory states. It is decreased in DIC, fibrinolysis, and hereditary disease.
CPT Code(s)	85384
Service Provided By	labcorp Oklahoma, Inc.