

## Hypercoagulation Analyzer

Order Name: **HYPRCOAGAN**  
Test Number: 1506500  
Revision Date: 10/08/2024

TEST NAME	METHODOLOGY	LOINC CODE
Hypercoagulation Analyzer		

SPECIMEN REQUIREMENTS				
Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	See Instructions	See Instructions	See Special Instructions	See Instructions
Instructions	<p>Please list the patient's anticoagulant on the "Coagulopathy Questionnaire Form" and submit with specimen or fax to 918-744-2897.</p> <p>Please Collect the following tubes:</p> <p><b>Seven</b> (2.7mL) 3.2% Sodium Citrate (Blue Top) tubes, (Double Spin and Freeze Aliquots if not tested w/in 4 hours)</p> <p><b>Two</b> (4.7mL) EDTA (Lavender Top) tubes, (Keep Whole Blood)</p> <p><b>One</b> (10mL) Clot Activator SST (Red/Gray Top) tube.</p> <p>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.</p> <p><b>Whole blood must be transported to lab immediately.</b></p> <p><b>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.</b></p> <p><b>Do not pool aliquots together!</b></p> <p>A fasting specimen is preferred but Not required.</p> <p><u><a href="#">Coagulopathy Questionnaire Form</a></u></p> <p><u><a href="#">Double Spin Procedure</a></u></p>			

GENERAL INFORMATION	
Testing Schedule	Mon - Wed, Fri - Day Shift
Expected TAT	Testing dependent
Clinical Use	<p>A comprehensive algorithm used to assess the cause of hypercoagulability.</p> <p><b>Not recommended when patients are taking Pradaxa®, Xarelto® and Apixaban®</b> <u><a href="#">See More Information.</a></u></p> <p>Algorithm begins with an Activated Protein C Resistance, Lupus sensitive PTT, Prothrombin time (PT), Prothrombin Gene Mutation, and a Partial Thromboplastin Time (PTT). Further testing is generated based on the results of these tests. A pathology interpretation is included with all orders.</p>
CPT Code(s)	



Initial Testing

TEST NAME	CPT CODES
Activated Protein C Resistance	85307
Cardiolipin G/M	86147x2
LA-PTT	85705
Pathologist Interpretation	80503
Prothombin Gene Mutation (Factor II Mutation Analysis)	81240
PT	85610
PTT	85730
DRVVT Screen	85613
DRVVT Mix	85613
DRVVT Confirm	85613
Beta 2 Glycoprotein IgG/IgM	86146x2

Possible Additional Testing

TEST NAME	CPT CODES
Antithrombin 3	85300
Antithrombin Antigen	85301
Factor 11 (XI)	85270
Factor 5 (V) Leiden	81241
Factor 8 (VIII)	85240
Factor 9 (IX)	85250
Free Protein S	85306
Functional Protein C	85303
Functional Protein S	85306
Homocysteine	83090
Mix PT	85611x2
Mix PTT	85732x2
Mix PTT-La	85732x2
Protein C Antigen	85302
Protein S Antigen	85305
Thrombin Time	85670

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