

St. John Health System Lab Catalog

> Order Name: **THROMB3 AG** Test Number: 1500600 Revision Date: 05/14/2025

TEST NAME		м	ETHODOLOGY	LOINC CODE	
Anti-Thrombin 3 (ATIII) Antigen		Ļ	Automated (LIATEST) enzyme immunoas	say (EIA) 3175-7	
SPECIMEN REQUIREMENTS					
Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment	
Preferred	2 mL (1 mL)	Double Spun Plasma	Sodium Citrate 3.2% (Blue Top	) Frozen	
Instructions	<ul> <li>Volume: 2mL (1mL minimum Note: This volume does not allow for repeat testing.)</li> <li>Collection: Blood should be collected in a blue-top tube containing 3.2% buffered sodium citrate.1 Evacuated collection tubes must be filled to completion to ensure a proper blood-to-anticoagulant ratio.2,3 The sample should be mixed immediately by gentle inversion at least six times to ensure adequate mixing of the anticoagulant with the blood. A discard tube is not required prior to collection of coagulation samples unless the sample is collected using a winged (butterfly) collection system. With a winged blood collection set a discard tube should be drawn first to account for the dead space of the tubing and prevent under-filling of the evacuated tube.4,5 When noncitrate tubes are collected for other tests, collect sterile and nonadditive (red-top) tubes prior to citrate (blue-top) tubes. Any tube containing an alternative anticoagulant should be collected after the blue-top tube. Gel-barrier tubes and serum tubes with clot initiators should also be collected after the citrate tubes. Please print and use the Volume Guide for Coagulation Testing to ensure proper draw volume.</li> <li>Do not pool aliquots together!</li> <li>Stability Requirements: Room temperature n/a, Refrigerated n/a, Frozen 28 days (Freeze/thaw cycles Stable x3)</li> <li>Patient Preparation: Do not draw from an arm with a heparin lock or heparinized catheter.</li> <li>Cause for Rejection: Severe hemolysis; improper labeling; clotted specimen; specimen diluted with IV fluids; samples thawed in transit; improper sample type; sample out of stability</li> </ul>				

GENERAL INFORMATION	
Testing Schedule	Tue
Expected TAT	3-7 Days
CPT Code(s)	85301
Service Provided By	Oklahoma, Inc.