

Order Name: PROT C AG Test Number: 1503250 Revision Date: 12/12/2022

TEST NAME		M	ETHODOLOGY	LOINC CODE
Protein C Antigen			Enzyme Immunoassay	27820-0
SPECIMEN REQUIR	EMENTS			
Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	2mL (1)	Double Spun Plasma	Sterile, Capped Plastic Tube	Ambient whole blood or frozen aliquots
Instructions	 Specimen Type: Blue-top (sodium citrate plasma) tube (2) Specimen Storage: FREEZE Specimen 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 evacutated 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. Print and use the Specimen Collection Bulletin as a tube-filling guide. specimens for each test requested. Print and use the Specimen Collection Bulletin as a tube-filling guide. Special Instructions: If the patient's hematocrit exceeds 55%, the volume of citrate in the collection tube must be adjusted. Refer to Coagulation Collection Procedures for directions. Specimen Stability: Ambient: Not Available, Refrigerated : Not Available, Frozen: Not Available 			

GENERAL INFORMATION		
Expected TAT	2 - 4 days	
Clinical Use	Protein C Antigen levels may be decreased with congenital deficiency, treatment with oral anticoagulants, liver disease, DIC, and post- surgery.	
Notes	Labcorp Test Code: 080465	
CPT Code(s)	85302	
Service Provided By	Oklahoma, Inc.	