MAYO CLINIC LABORATORIES

Test Definition: FIBRO

FibroTest-ActiTest, Serum

Reporting Title: FibroTest-ActiTest, S
Performing Location: Rochester

Necessary Information:

Age and sex are required.

Specimen Requirements:

Supplies: Amber Frosted Tube, 5 mL (T915)
Collection Container/Tube:
Preferred: Serum gel
Acceptable: Red top
Submission Container/Tube: Amber vial
Specimen Volume: 3 mL
Collection Instructions:
1. Centrifuge and aliquot serum into an amber vial within 2 hours of collection.
2. Centrifuged serum must be light protected within 4 hours of collection. It is acceptable to draw the blood and then protect it from light after centrifugation as long as it is within 4 hours of collection.

Forms:

If not ordering electronically, complete, print, and send Gastroenterology and Hepatology Test Request (T728) with the specimen

Specimen Type	Temperature	Time	Special Container
Serum	Refrigerated (preferred)	7 days	LIGHT PROTECTED
	Frozen	14 days	LIGHT PROTECTED
	Ambient	24 hours	LIGHT PROTECTED

Result Codes:

Result ID	Reporting Name	Type	Unit	LOINC®
TBILF	Bilirubin, Total, S	Numeric	mg/dL	1975-2
ALTF	Alanine Aminotransferase (ALT), S	Numeric	U/L	1743-4
A2MF	Alpha-2-Macroglobulin, S	Numeric	mg/dL	1835-8
APOAF	Apolipoprotein A1, S	Numeric	mg/dL	1869-7
GGTF	Gamma Glutamyltransferase (GGT), S	Numeric	U/L	2324-2
HAPTF	Haptoglobin, S	Numeric	mg/dL	46127-7
SCRF	FibroTest Score	Numeric		48795-9
STGF	FibroTest Stage	Alphanumeric		48794-2
INTEF	FibroTest Interpretation	Alphanumeric		88447-8
SCRA	ActiTest Score	Numeric		48792-6
STGA	ActiTest Grade	Alphanumeric		48793-4
INTEA	ActiTest Interpretation	Alphanumeric		88448-6
CMMF	FibroTest-ActiTest Comment	Alphanumeric		48767-8
NUM	BioPredictive Serial Number	Numeric		74715-4

ERROR	BioPredictive Analyte Error	Alphanumeric		No LOINC Needed

LOINC® and CPT codes are provided by the performing laboratory.

Supplemental Report:

No

Components:

Test Id	Reporting Name	CPT Units	CPT Code	Always Performed	Available Separately
INTF	FibroTest-ActiTest, Interpretation	1	81599	Yes	No
APOAF	Apolipoprotein A1, S	1	82172	Yes	No
A2MF	Alpha-2-Macroglobulin, S			Yes	Yes, (Order A2M)
HAPTF	Haptoglobin, S			Yes	Yes, (Order HAPT)
ALTF	Alanine Aminotransferase (ALT), S			Yes	Yes, (Order ALT)
GGTF	Gamma Glutamyltransferase (GGT), S			Yes	Yes, (Order GGT)
TBILF	Bilirubin, Total, S			Yes	Yes, (Order BILIT)

CPT Code Information:

81596

Reference Values:

FibroTest-ActiTest, Interpretation

FibroTest Score	Stage	Interpretation
0.00-0.21*	F0	No fibrosis
0.21-0.27*	F0-F1	No fibrosis
0.27-0.31*	F1	Minimal fibrosis
0.31-0.48*	F1-F2	Minimal fibrosis
0.48-0.58*	F2	Moderate fibrosis
0.58-0.72*	F3	Advanced fibrosis
0.72-0.74*	F3-F4	Advanced fibrosis
0.74-1.00	F4	Severe fibrosis (Cirrhosis)

*Boundary values can apply to 2 stages based on rounding. For example, a FibroTest score of 0.305 will round up to 0.31 and be staged F1. A FibroTest score of 0.314 will round down to 0.31 and be staged F1-F2.

ActiTest Score	Grade	Interpretation
0.00-0.17*	A0	No activity
0.17-0.29*	A0-A1	No activity
0.29-0.36*	A1	Minimal activity
0.36-0.52*	A1-A2	Minimal activity
0.52-0.60*	A2	Significant activity
0.60-0.62*	A2-A3	Significant activity

0.62-0.100	A3	Severe activity

*Boundary values can apply to 2 grades based on rounding. For example, an ActiTest score of 0.285 will round up to 0.29 and be graded A0-A1. An ActiTest score of 0.294 will round down to 0.29 be graded A1.

ALPHA-2-MACROGLOBULIN
< or =18 years: 178-495 mg/dL
>18 years: 100-280 mg/dL

ALANINE AMINOTRANSFERASE (ALT)
Males
<12 months: Not established
> or =1 year: 7-55 U/L

Females
<12 months: Not established
> or =1 year: 7-45 U/L

APOLIPOPROTEIN A1
Males
<24 months: Not established
2-17 years
Low: <115 mg/dL
Borderline low: 115-120 mg/dL
Acceptable: >120 mg/dL
> or =18 years: > or =120 mg/dL

Females
<24 months: Not established
2-17 years
Low: <115 mg/dL
Borderline low: 115-120 mg/dL
Acceptable: >120 mg/dL
> or =18 years: > or =140 mg/dL

GAMMA-GLUTAMYLTRANSFERASE (GGT)
Males
0-11 months: <178 U/L
12 months-6 years: <21 U/L
7-12 years: <24 U/L
13-17 years: <43 U/L
> or =18 years: 8-61 U/L

Females
0-11 months: <178 U/L
12 months-6 years: <21 U/L

7-12 years: <24 U/L
13-17 years: <26 U/L
> or =18 years: 5-36 U/L

HAPTOGLOBIN
30-200 mg/dL

BILIRUBIN, TOTAL
0-6 days: Refer to www.bilitool.org for information on age-specific (postnatal hour of life) serum bilirubin values.
7-14 days: 0.0-14.9 mg/dL
15 days-17 years: 0.0-1.0mg/dL
> or =18 years: 0.0-1.2 mg/dL