

Reporting Title: APCRV, w/Reflex, P
Performing Location: Rochester

Necessary Information:

Specimen Requirements:
Blood and plasma are required.

Patient Preparation: Fasting preferred

Specimen Type: Whole blood
Container/Tube:
Preferred: Lavender top (EDTA)
Acceptable: Yellow top (ACD) or light-blue top (3.2% sodium citrate)
Specimen Volume: 3 mL
Collection Instructions:
1. Invert several times to mix blood.
2. Send whole blood specimen in original tube. **Do not aliquot.**

Specimen Type: Platelet-poor plasma
Collection Container/Tube: Light-blue top (3.2% sodium citrate)
Submission Container/Tube: Plastic vial, polypropylene preferred
Specimen Volume: 1 mL
Collection Instructions:
1. For complete instructions, see [Coagulation Guidelines for Specimen Handling and Processing](#).
2. Within 4 hours of collection, centrifuge, transfer all plasma into a plastic vial, and centrifuge plasma again.
3. Aliquot plasma into separate plastic vial leaving 0.25 mL in the bottom of centrifuged vial.
4. Freeze plasma aliquot immediately at -20 degrees C, or ideally, at -40 degrees C or below.
Additional Information:
1. Double-centrifuged specimen is critical for accurate results as platelet contamination may cause spurious results.
2. Each coagulation assay requested should have its own vial.

Forms:

1. **New York Clients-Informed consent is required.** Document on the request form or electronic order that a copy is on file. The following documents are available:
[-Informed Consent for Genetic Testing](#) (T576)
[-Informed Consent for Genetic Testing-Spanish](#) (T826)

2. [Coagulation Patient Information](#) (T675)

3. If not ordering electronically, complete, print, and send a [Coagulation Test Request](#) (T753) with the specimen.

Specimen Type	Temperature	Time	Special Container
Plasma Na Cit	Frozen	14 days	
Whole blood	Ambient (preferred)	14 days	

Test Definition: APCRR

Activated Protein C Resistance V, with Reflex
to Factor V Leiden, Blood and Plasma

	Frozen	14 days	
	Refrigerated	14 days	

Result Codes:

Result ID	Reporting Name	Type	Unit	LOINC®
APCR	APCRV Ratio	Numeric		13590-5
INT55	Interpretation	Alphanumeric		48591-2
SC018	Whole Blood	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
APCRV	Activated Protein Resistance V, P	1	85307	Yes	Yes
SC018	Whole Blood			Yes	No

CPT Code Information:

85307

Reflex Tests:

Test Id	Reporting Name	CPT Units	CPT Code	Always Performed	Available Separately
F5DN A	Factor V Leiden (R506Q) Mutation, B	1	81241	No	Yes
F5DNI	APCRV/F5DNA Summary Interpretation			No	No

Result Codes for Reflex Tests:

Test ID	Result ID	Reporting Name	Type	Unit	LOINC®
F5DNA	21838	Factor V Leiden (R506Q) Mutation, B	Alphanumeric		21668-9
F5DNA	21839	F5DNA Interpretation	Alphanumeric		69049-5
F5DNA	21841	F5DNA Reviewed By	Alphanumeric		18771-6
F5DNI	38238	APCRV/F5DNA Summary Interpretation	Alphanumeric		48591-2
F5DNI	44181	Interpretation	Alphanumeric		69049-5

Reference Values:

ACTIVATED PROTEIN C RESISTANCE V RATIO

> or =2.3

Pediatric reference range has neither been established nor is available in scientific literature. The adult reference range likely would be applicable to children older than 6 months.