MAYO CLINIC LABORATORIES

Test Definition: 5INHE

Factor V Inhibitor Evaluation, Plasma

Reporting Title: Factor V Inhib Profile, P
Performing Location: Rochester

Ordering Guidance:

This test is for factor V inhibitors only. If the presence or type of inhibitor is unknown, first order APROL / Prolonged Clot Time Profile, Plasma, except for patients with known hemophilia A or B. When screening studies are needed for patients with known hemophilia A or B, order 8INHE / Factor IX Inhibitor Evaluation, Plasma; or 9 INHE / Factor IX Inhibitor Evaluation, Plasma; respectively.

Shipping Instructions:

Send all vials in the same shipping container.

Necessary Information:

If priority specimen, mark request form, give reason, and request a call-back.

Specimen Requirements:

Specimen Type: Platelet-poor plasma
Patient Preparation:
1. Patient must not be receiving Coumadin (warfarin) or heparin therapy
2. Fasting preferred

Collection Container/Tube: Light-blue top (3.2% sodium citrate)
Submission Container/Tube: Plastic vials
Specimen Volume: 3 mL in 3 plastic vials, each containing 1 mL
Collection Instructions:
1. Specimen must be collected prior to factor replacement therapy.
2. For complete instructions, see Coagulation Guidelines for Specimen Handling and Processing.
3. Centrifuge, transfer all plasma into a plastic vial, and centrifuge plasma again.
4. Aliquot plasma (1-2 mL per aliquot) into 3 separate plastic vials leaving 0.25 mL in the bottom of centrifuged vial.
5. Freeze plasma immediately (no longer than 4 hours after collection) at -20 degrees C or, ideally, -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:

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	

Result Codes:

Result ID	Reporting Name	Type	Unit	LOINC®
FACTV	Coag Factor V Assay, P	Numeric	%	3193-0
5INHT	FV Inhib Profile Tech Interp	Alphanumeric		69049-5

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
5INHT	FV Inhib Profile Tech Interp	1	85390	Yes	No
FACTV	Coag Factor V Assay, P	1	85220	Yes	Yes

CPT Code Information:

85390
85220
85335 (if appropriate)
85335 (if appropriate)
85390 (if appropriate)

Reflex Tests:

Test Id	Reporting Name	CPT Units	CPT Code	Always Performed	Available Separately
5AINH	FV Inhib Profile Prof Interp	1	85390	No	No
5BETH	FV Bethesda Units, P	1	85335	No	No
F5_IS	Factor V Inhib Scrn	1	85335	No	No

Result Codes for Reflex Tests:

Test ID	Result ID	Reporting Name	Type	Unit	LOINC®
F5_IS	7808	Factor V Inhib Scrn	Alphanumeric		81124-0
5BETH	607433	FV Bethesda Units, P	Numeric	BU	3191-4
5AINH	607444	FV Inhib Profile Prof Interp	Alphanumeric		69049-5
5AINH	607488	Reviewed by	Alphanumeric		18771-6

Reference Values:

FACTOR V ACTIVITY ASSAY
>1 month: 70-165%
<1 month: Normal, full-term and premature newborn infants may have mildly decreased levels (> or =30% to 35%) that reach adult levels within 21 days postnatal.
*See Pediatric Hemostasis References section in Coagulation Guidelines for Specimen Handling and Processing

FACTOR V INHIBITOR SCREEN:
Negative

GENERAL FACTOR BETHESDA UNITS:
< or =0.5 Bethesda Units