MAYO CLINIC LABORATORIES

# Test Definition: 11INE

Factor XI Inhibitor Evaluation, Plasma

**Reporting Title:** Factor XI Inhib Profile, P
**Performing Location:** Rochester

## Ordering Guidance:

This test is for factor XI 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 should not be receiving Coumadin (warfarin), heparin, direct thrombin inhibitors (argatroban, dabigatran), or direct factor Xa inhibitors (apixaban, rivaroxaban, and edoxaban).
2. Fasting preferred.

**Collection Container/Tube:** Light-blue top (3.2% sodium citrate)
**Submission Container/Tube:** 3 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 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:

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® |
|---|---|---|---|---|
| F_11 | Coag Factor XI Assay, P | Numeric | % | 3226-8 |
| 11INT | FXI 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 |
|---|---|---|---|---|---|
| 11INT | FXI Inhib Profile Tech Interp | 1 | 85390 | Yes | No |
| F_11 | Coag Factor XI Assay, P | 1 | 85270 | Yes | Yes |

## CPT Code Information:

85390
85270
85335 (if appropriate)
85335 (if appropriate)
85390 (if appropriate)

## Reflex Tests:

| Test Id | Reporting Name | CPT Units | CPT Code | Always Performed | Available Separately |
|---|---|---|---|---|---|
| 11AIH | FXI Inhib Profile Prof Interp | 1 | 85390 | No | No |
| 11_IS | Factor XI Inhib Scrn | 1 | 85335 | No | No |
| GBETH | General Factor Bethesda Units, P | 1 | 85335 | No | No |

## Result Codes for Reflex Tests:

| Test ID | Result ID | Reporting Name | Type | Unit | LOINC® |
|---|---|---|---|---|---|
| 11_IS | 7804 | Factor XI Inhib Scrn | Alphanumeric | | 80603-4 |
| 11AIH | 607492 | Reviewed by | Alphanumeric | | 18771-6 |
| 11AIH | 607448 | FXI Inhib Profile Prof Interp | Alphanumeric | | 69049-5 |
| GBETH | 607434 | General Factor Bethesda Units, P | Numeric | BU | 13591-3 |

## Reference Values:

FACTOR XI ACTIVITY ASSAY
Adults: 55-150%
Normal, full-term newborn infants or healthy premature infants may have decreased levels (> or =10%) that may not reach adult levels for 180 days or more postnatal.*
*See Pediatric Hemostasis References section in Coagulation Guidelines for Specimen Handling and Processing.

FACTOR XI INHIBITOR SCREEN:
Negative

GENERAL FACTOR BETHESDA UNITS:
< or =0.5 Bethesda Units