MAYO CLINIC LABORATORIES

Test Definition: RIVAR

Rivaroxaban, Anti-Xa, Plasma

Reporting Title: Rivaroxaban, Anti-Xa, P
Performing Location: Rochester

Ordering Guidance:

This assay is not indicated for monitoring low-molecular-weight heparin (LMWH) or unfractionated heparin (UFH) concentrations. The presence of UFH and LMWH will cause the rivaroxaban anti-Xa level to be falsely elevated.

This assay is optimized to measure rivaroxaban concentration in presence of coagulation factor Xa recombinant, inactivated-zhzo (andexanet alfa, Andexxa).

Necessary Information:

Specimen Requirements:

Specimen Type: Platelet-poor plasma
Collection Container/Tube: Light-blue top (3.2% sodium citrate)
Submission Container/Tube: Plastic vial
Specimen Volume: 1 mL
Collection Instructions:
1. Specimen should be collected 2 to 4 hours (peak) after a dose or just prior (trough) to the next dose for rivaroxaban concentrations.
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 into a plastic vial 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, below -40 C degrees.
Additional Information:
1. A 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	42 days	

Result Codes:

Result ID	Reporting Name	Type	Unit	LOINC®
RIVA1	Rivaroxaban, Anti-Xa, P	Numeric	ng/mL	74871-5
RIVA2	Interpretation	Alphanumeric		69049-5
RIVA3	Cautions	Alphanumeric		62364-5

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

Supplemental Report:
No

CPT Code Information:
80299

Reference Values:
An interpretive report will be provided.