MAYO CLINIC LABORATORIES

Test Definition: FACTV

Coagulation Factor V Activity Assay, Plasma

Reporting Title: Coag Factor V Assay, P
Performing Location: Rochester

Ordering Guidance:

Coagulation testing is highly complex, often requiring the performance of multiple assays and correlation with clinical information. For that reason, consider ordering a Coagulation Consultation.

Necessary Information:

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

Specimen Requirements:

Patient Preparation: Patient **must not** be receiving coumadin (warfarin) or heparin therapy. (If not possible for medical reasons, note on request.)
Collection Container/Tube: Light-blue top (3.2% sodium citrate)
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 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 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, -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

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

Supplemental Report:

No

CPT Code Information:
85220

Reference Values:
>1 month: 70%-165%
<1 month: Normal, full-term and premature newborn infants may have mildly decreased levels (> or =30% to 35%) which reach adult levels within 21 days postnatal.

*See Pediatric Hemostasis References section in Coagulation Guidelines for Specimen Handling and Processing