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**Reporting Title:** DRVVT Screen Ratio, w/Reflex, P

**Performing Location:** Rochester

**Ordering Guidance:**

Because no single coagulation test can identify or exclude all lupus anticoagulants (LA), and because of the complexity of testing LA, one of the following Coagulation Consultation reflexive panel procedures are recommended if clinically indicated:

ALUPP / Lupus Anticoagulant Profile, Plasma

AATHR / Thrombophilia Profile, Plasma and Whole Blood

APROL / Prolonged Clot Time Profile, Plasma

**Additional Testing Requirements:**

Serum anticardiolipin antibody testing (CLPMG / Phospholipid [Cardiolipin] Antibodies, IgG and IgM, Serum) and anti-beta-2 glycoprotein I (B2GMG / Beta-2 Glycoprotein 1 Antibodies, IgG and IgM, Serum) antibody testing should also be performed in conjunction with coagulation-based testing for lupus anticoagulants to enhance detection of different types of antiphospholipid antibodies.

**Shipping Instructions:**

Send specimens in the same shipping container.

**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. For complete instructions, see Coagulation Guidelines for Specimen Handling and Processing.
2. Centrifuge, remove plasma, and centrifuge plasma again.
3. Aliquot into a separate plastic vial, leaving 0.25 mL in the bottom of the centrifuged vial.
4. 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.

**Specimen Minimum Volume:**

0.5 mL

**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®
RVR11	DRVVT Screen Ratio	Numeric	ratio	15359-3

LOINC and CPT codes are provided by the performing laboratory.

**Supplemental Report:**

No

**CPT Code Information:**

85613

85613 (if appropriate)

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**Reflex Tests:**

Test ID	Reporting Name	CPT Units	CPT Code	Always Performed	Orderable Separately
DRV12	DRVVT Mix Ratio			No	No
DRV13	DRVVT Confirmation Ratio			No	No
DRV14	DRVVT Interpretation			Yes	No

**Result Codes for Reflex Tests:**

Test ID	Result ID	Reporting Name	Type	Unit	LOINC®
DRV12	RMRI2	DRVVT Mix Ratio	Numeric	ratio	75512-4
DRV13	RCRI3	DRVVT Confirmation Ratio	Numeric	ratio	50410-0
DRV14	DRV14	DRVVT Interpretation	Alphanumeric		50008-2



**Reference Values:**

Dilute Russell's viper venom time screen ratio:  $<1.20$

Normal ranges for children: Not clearly established, but similar to normal ranges for adults, except for newborn infants whose results may not reach adult values until 3 to 6 months of age.