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.

Specimen Minimum Volume:

2 Plastic vials, each containing1 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®
5INHT	FV Inhib Profile Tech Interp	Alphanumeric		69049-5
FACTV	Coag Factor V Assay, P **Also used by tests: FACTV**	Numeric	%	3193-0

LOINC and CPT codes are provided by the performing laboratory.

Supplemental Report:
No

Components:

Test ID	Reporting Name	CPT Units	CPT Code	Always Performed	Orderable Separately
5INHT	FV Inhib Profile Tech Interp			Yes	No
FACTV	Coag Factor V Assay, P			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	Orderable Separately
5AINH	FV Inhib Profile Prof Interp			No	No

Test ID	Reporting Name	CPT Units	CPT Code	Always Performed	Orderable Separately
5BETH	FV Bethesda Units, P			No	No
F5_IS	Factor V Inhib Scrn			No	No

Result Codes for Reflex Tests:

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

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