

**Reporting Title:** PAI-1 Gene Polymorphism**Performing Location:** Esoterix Coagulation**Specimen Requirements:**

Specimen Type: Whole Blood

Preferred: EDTA

Acceptable: ACD (Yellow top)

Specimen volume: 5 mL

Collection Instructions: Draw 5 mL whole blood in a lavender top (EDTA) or yellow top (ACD) tube. Send refrigerated.

**Specimen Minimum Volume:**

1.00 mL

**Forms:**

New York Clients - Informed consent is required. Please document on the request form or electronic order that a copy is on file. An Informed Consent for Genetic Testing is available in Special Instructions.

Specimen Type	Temperature	Time	Special Container
Whole blood	Refrigerated (preferred)	8 days	
	Ambient	8 days	

**Result Codes:**

Result ID	Reporting Name	Type	Unit	LOINC®
Z4765	PAI-1 Locus 4G/5G Polymorphism	Alphanumeric		Not Provided
Z4766	Results	Alphanumeric		52757-2
Z4767	Interpretation	Alphanumeric		Not Provided
Z4768	Comments	Alphanumeric		77202-0

LOINC and CPT codes are provided by the performing laboratory.

**Supplemental Report:**

No

**CPT Code Information:**

81400

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**Reference Values:**