

# Test Definition: F8A

Coagulation Factor VIII Activity Assay, Plasma

# **Reporting Title:** Coag Factor VIII Activity 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:

Specimen Type: Platelet-poor plasma

Patient Preparation: Patient must not be receiving Coumadin (warfarin) or heparin therapy.

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, at or below -40 degrees C.

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	Туре	Unit	LOINC®
F8A	Coag Factor VIII Activity Assay, P	Numeric	%	3209-4

LOINC and CPT codes are provided by the performing laboratory.

# **Supplemental Report:**

No

# **CPT Code Information:**

85240

# **Reference Values:**

Adults: 55-200%

Normal, full-term newborn infants or healthy premature infants typically have levels greater than or equal to 40%.\* \*See Pediatric Hemostasis References in Coagulation Guidelines for Specimen Handling and Processing.