

Coagulation Factor II Activity Assay, Plasma

# **Reporting Title:** Coag Factor II 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, we suggest ordering Coagulation Consultations.

#### **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. (If not possible for medical reasons, note on request.)

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.

### 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	



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## **Result Codes:**

Result ID	Reporting Name	Туре	Unit	LOINC®
F_2	Coag Factor II Assay, P	Numeric	%	3289-6

LOINC and CPT codes are provided by the performing laboratory.

## **Supplemental Report:**

No

## **CPT Code Information:**

85210

## **Reference Values:**

Adults: 75-145%

Normal, full-term newborn infants or healthy premature infants may have decreased levels (> or =25%) which may remain below adult levels for > or =180 days postnatal.\*

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