Abnormal PT/PTT Analyzer

Order Name: **PT PTT AN** Test Number: 1507500 Revision Date: 10/08/2024

TEST NAME			METHODOLOGY	LOINC CODE		
Abnormal PT/PTT A	nalyzer					
SPECIMEN REQUI	DEMENTS					
SPECIMEN REQUI						
Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment		
Preferred	37.5 mL	See Instructions	See Instructions	See Instructions		
Instructions	Please list the patient's anticoagulant on the "Coagulopathy Questionnaire Form" and submit with specimen or fax to 918-744-2897. Please collect: Seven 2.7mL Sodium Citrate 3.2% (Blue Top) tubes and One 5mL Clot Activator SST - send refrigerated. Each 2.7mL Sodium Citrate 3.2% (Blue Top) tube must be filled to the proper level, no hemolysis. Improperly filled tubes can give erroneous results. Whole blood must be transported to lab immediately. If testing cannot be started within 4 hours of collection the specimen must be double spun then 1.5mL plasma aliquot from each tube into individual plastic aliquot tubes and freeze. Do not pool aliquots together!					
	Coagulopathy Questionnaire Form Double Spin Procedure					
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GENERAL INFORM	IATION					
Testing Schedule	Mon, Thr Day Shift					
Expected TAT	2-4 Dave					

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CPT Code(s)

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Initial Testing

TEST NAME	CPT CODES
LA-PTT	85705
Pathology Interpretation	80503
PT	85610
PTT	85730

Possible Additional Testing

TEST NAME	CPT CODES
Cardiolipin G/M	86147 x2
Beta 2 Glycoprotein	86146 x2
DRVVT Screen	85613
DRVVT Mix	85613
DRVVT Confirm	85613
Factor 10	85260
Factor 11	85270
Factor 12	85280
Factor 2	85210
Factor 5	85220
Factor 7	85230
Factor 8	85240
Factor 9	85250
Fibrinogen	85384
Hepzyme	85525
Hexagonal Phase Phospholipid	85598
Mix PT	85611 x2
Mix PTT	85732 x2
Mix PTT-La	85732 x2
Heparin DI	85525
Con Coag	8539026
Liver Profile	80076
Platelet Count	85049
Quantitative D-Dimer	85379

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Lab Section

Coagulation

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