

**Overview****Method Name**

Qualitative Hemagglutination

**NY State Available**

Yes

**Specimen****Specimen Type**

Plasma Na Cit

**Specimen Required**

Draw 4.5 mL 3.2% Sodium Citrated whole blood. Spin down and send 1.5 mL of platelet-poor plasma frozen in plastic vial.

**STRICT FROZEN** – Separate specimens must be submitted when multiple tests are ordered.

**Reject Due To****Specimen Minimum Volume**

1 mL

**Specimen Stability Information**

Specimen Type	Temperature	Time	Special Container
Plasma Na Cit	Frozen (preferred)	14 days	

**Clinical & Interpretive****Reference Values**

Negative

**Performance****PDF Report**

No

**Performing Laboratory Location**

ARUP Laboratories

**Fees & Codes****Test Classification****CPT Code Information**

85366

**LOINC® Information**

Test ID	Test Order Name	Order LOINC Value
FSFM	Soluble Fibrin Monomer	40702-3

Result ID	Reporting Name	LOINC®
FSFM	Soluble Fibrin Monomer	40702-3