
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.**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	

Supplemental Report:

No

CPT Code Information:

81400

Reference Values: