

Reporting Title: DRVVT Screen Ratio, w/Reflex, P**Performing Location:** Mayo Clinic Laboratories - Rochester Main Campus**Ordering Guidance:**

Because no single coagulation test can identify or exclude all lupus anticoagulants (LA), and because of the complexity of testing LA, one of the following Coagulation Consultation reflexive panel procedures are recommended if clinically indicated:

ALUPP / Lupus Anticoagulant Profile, Plasma

AATHR / Thrombophilia Profile, Plasma and Whole Blood

APROL / Prolonged Clot Time Profile, Plasma

Additional Testing Requirements:

Serum anticardiolipin antibody testing (CLPMG / Phospholipid [Cardiolipin] Antibodies, IgG and IgM, Serum) and anti-beta-2 glycoprotein I (B2GMG / Beta-2 Glycoprotein 1 Antibodies, IgG and IgM, Serum) antibody testing should also be performed in conjunction with coagulation-based testing for lupus anticoagulants to enhance detection of different types of antiphospholipid antibodies.

Shipping Instructions:

Send specimens in the same shipping container.

Specimen Requirements:**Specimen Type:** Platelet-poor plasma**Collection Container/Tube:** Light-blue top (3.2% sodium citrate)**Submission Container/Tube:** Plastic vial**Specimen Volume:** 1 mL Platelet poor plasma**Collection Instructions:**

1. For complete instructions, see [Coagulation Guidelines for Specimen Handling and Processing](#).
2. Centrifuge, transfer all plasma into a plastic vial, and centrifuge plasma again.
3. Aliquot into a separate plastic vial, leaving 0.25 mL in the bottom of the centrifuged vial.
4. Immediately freeze plasma (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.

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	Type	Unit	LOINC®
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Test Definition: DRVI1

Dilute Russell's Viper Venom Time (DRVVT),
with Reflex, Plasma

RVRI1	DRVVT Screen Ratio	Numeric	ratio	15359-3
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LOINC® and CPT codes are provided by the performing laboratory.

Supplemental Report:

No

CPT Code Information:

85613
85613 (if appropriate)
85613 (if appropriate)

Reflex Tests:

Test ID	Reporting Name	CPT Units	CPT Code	Always Performed	Available Separately
DRVI2	DRVVT Mix Ratio	1	85613	No	No
DRVI3	DRVVT Confirmation Ratio	1	85613	No	No

Result Codes for Reflex Tests:

Test ID	Result ID	Reporting Name	Type	Unit	LOINC®
DRVI2	RMRI2	DRVVT Mix Ratio	Numeric	ratio	75512-4
DRVI3	RCRI3	DRVVT Confirmation Ratio	Numeric	ratio	50410-0
DRVI4	DRVI4	DRVVT Interpretation	Alphanumeric		50008-2

Reference Values:

Dilute Russell's viper venom time screen ratio:

<1.20

Normal ranges for children: Not clearly established but similar to normal ranges for adults, except for newborn infants whose results may not reach adult values until age 3 to 6 months.