

**Reporting Title:** APCRV, w/Reflex, P  
**Performing Location:** Mayo Clinic Laboratories - Rochester Main Campus

**Necessary Information:**

**Specimen Requirements:**  
Blood and plasma are required.

**Patient Preparation:** Fasting preferred

**Specimen Type:** Whole blood  
**Container/Tube:**  
**Preferred:** Lavender top (EDTA)  
**Acceptable:** Yellow top (ACD) or light-blue top (3.2% sodium citrate)  
**Specimen Volume:** 3 mL  
**Collection Instructions:**  
1. Invert several times to mix blood.  
2. Send whole blood specimen in original tube. **Do not aliquot.**

**Specimen Type:** Platelet-poor plasma  
**Collection Container/Tube:** Light-blue top (3.2% sodium citrate)  
**Submission Container/Tube:** Plastic vial, polypropylene preferred  
**Specimen Volume:** 1 mL  
**Collection Instructions:**  
1. For complete instructions, see [Coagulation Guidelines for Specimen Handling and Processing](#).  
2. Within 4 hours of collection, centrifuge, transfer all plasma into a plastic vial, and centrifuge plasma again.  
3. Aliquot plasma into separate plastic vial leaving 0.25 mL in the bottom of centrifuged vial.  
4. Freeze plasma aliquot immediately at -20 degrees C, or ideally, at -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:**  
1. **New York Clients-Informed consent is required.** Document on the request form or electronic order that a copy is on file. The following documents are available:  
-[Informed Consent for Genetic Testing](#) (T576)  
-[Informed Consent for Genetic Testing-Spanish](#) (T826)  
2. [Coagulation Patient Information](#) (T675)  
3. If not ordering electronically, complete, print, and send a [Coagulation Test Request](#) (T753) with the specimen.

Specimen Type	Temperature	Time	Special Container
Whole blood	Ambient (preferred)	14 days	
	Refrigerated	14 days	

# Test Definition: APCRR

Activated Protein C Resistance V, with Reflex  
to Factor V Leiden, Blood and Plasma

	Frozen	14 days	
Plasma Na Cit	Frozen	14 days	

## Result Codes:

Result ID	Reporting Name	Type	Unit	LOINC®
APCR	APCRV Ratio	Numeric		13590-5
INT55	Interpretation	Alphanumeric		48591-2
SC018	Whole Blood	Alphanumeric		No LOINC Needed

LOINC® and CPT codes are provided by the performing laboratory.

## Supplemental Report:

No

## Components:

Test Id	Reporting Name	CPT Units	CPT Code	Always Performed	Available Separately
APCRV	Activated Protein Resistance V, P	1	85307	Yes	Yes
SC018	Whole Blood			Yes	No

## CPT Code Information:

85307

## Reflex Tests:

Test Id	Reporting Name	CPT Units	CPT Code	Always Performed	Available Separately
F5DN A	Factor V Leiden (R506Q) Mutation, B	1	81241	No	Yes
F5DNI	APCRV/F5DNA Summary Interpretation			No	No

## Result Codes for Reflex Tests:

Test ID	Result ID	Reporting Name	Type	Unit	LOINC®
F5DNA	21838	Factor V Leiden (R506Q) Mutation, B	Alphanumeric		21668-9
F5DNA	21839	F5DNA Interpretation	Alphanumeric		69049-5
F5DNA	21841	F5DNA Reviewed By	Alphanumeric		18771-6
F5DNI	38238	APCRV/F5DNA Summary Interpretation	Alphanumeric		48591-2
F5DNI	44181	Interpretation	Alphanumeric		69049-5

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**Reference Values:**

ACTIVATED PROTEIN C RESISTANCE V RATIO

> or =2.3

Pediatric reference range has neither been established nor is available in scientific literature. The adult reference range likely would be applicable to children older than 6 months.