Overview

Useful For
Measuring heparin concentration:

- In patients treated with low-molecular-weight heparin preparations

- In the presence of prolonged baseline activated partial thromboplastin time (APTT) (eg, lupus anticoagulant, "contact factor" deficiency, etc)

- When unfractionated heparin dose needed to achieve desired APTT prolongation is unexpectedly higher (>50%) than expected

This test is not useful for monitoring therapy with the heparinoid "danaparoid."

Method Name
Chromogenic Method

NY State Available
Yes

Specimen

Specimen Type
Plasma Na Cit

Advisory Information
To test for the presence of inhibitors directed against factor X (FX), order F10IS / Coagulation Factor X Inhibitor Screen, Plasma.

Specimen Required

Specimen Type: Platelet-poor plasma

Collection Container/Tube: Light-blue top (3.2% sodium citrate)

Submission Container/Tube: Plastic vial

Specimen Volume: 1 mL

Collection Instructions:
1. Centrifuge, aliquot plasma, and centrifuge plasma again.

2. Aliquot plasma into plastic vial leaving 0.25 mL in the bottom of centrifuged vial.

Additional Information: Double-centrifuged specimen is critical for accurate results as platelet contamination may cause spurious results.

Specimen Minimum Volume
Test Definition: HEPTP
Heparin Anti-Xa, P

0.5 mL

Reject Due To

<table>
<thead>
<tr>
<th>Condition</th>
<th>Result</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gross hemolysis</td>
<td>Reject</td>
</tr>
<tr>
<td>Gross lipemia</td>
<td>OK</td>
</tr>
<tr>
<td>Gross icterus</td>
<td>OK</td>
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</tbody>
</table>

Specimen Stability Information

<table>
<thead>
<tr>
<th>Specimen Type</th>
<th>Temperature</th>
<th>Time</th>
<th>Special Container</th>
</tr>
</thead>
<tbody>
<tr>
<td>Plasma Na Cit</td>
<td>Frozen (preferred)</td>
<td>14 days</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Ambient</td>
<td>2 hours</td>
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</table>

Clinical and Interpretive

Clinical Information

Heparins are sulphated glycosaminoglycans that inactivate thrombin, factor Xa, and several other coagulation factors; act by enhancing activity of the plasma coagulation inhibitor, antithrombin III (AT III); and prolong the activated partial thromboplastin time (APTT). The anti-Xa assay is the preferred method for monitoring low-molecular-weight heparin (LMWH) therapy because of reduced sensitivity of APTT. Heparin is absent in normal plasma. The heparin level obtained has to be analyzed taking into account the treatment given to the patient (type of heparin, dosage, administration mode, time of sampling, etc) and the desired therapeutic effect. It is clinically recommended that platelet counts be monitored frequently in patients receiving unfractionated heparin (UFH) or LMWH in order to detect heparin-induced thrombocytopenia (HIT).

Reference Values

Adult Therapeutic Range

UFH therapeutic range: 0.30-0.70 IU/mL
(6 hours following initiation or dose adjustment)

LMWH therapeutic range: 0.50-1.00 IU/mL for twice daily dosing*

LMWH therapeutic range: 1.00-2.00 IU/mL for once daily dosing*

LMWH prophylactic range: 0.10-0.30 IU/mL

(*sample obtained 4-6 hours following subcutaneous injection)

Interpretation

Results above the therapeutic range may be supratherapeutic suggesting that the heparin dose may need to be decreased.

Results below the therapeutic range may be subtherapeutic suggesting that the heparin dose may need to be increased.
Cautions
Plasma specimen must be depleted of platelets by repeat centrifugation before freezing.

In order to reduce the influence from heparin antagonists, such as platelet factor 4 (PF4), dextran sulfate is included in the reaction mixture.

Very low endogenous antithrombin III (AT III) levels might result in spuriously-low results. Å

Antibodies to bovine factor X or AT III can interfere with assay (very rare).

Clinical Reference
5. Fraser G, McKenna J: Monitoring low molecular weight heparins with antiXa activity: house of cards or firm foundation? Hospital Pharmacy 2003;38:202-211

Performance
Method Description
The Liquid Anti-Xa kit (ACL TOP) is a 1-stage chromogenic assay based on a synthetic chromogenic substrate and on factor Xa inactivation.(Package insert: HemosIL Liquid Anti-Xa, Instrument Laboratory. Bedford, MA. R5. 06/2017)

PDF Report
No

Day(s) and Time(s) Test Performed
Monday through Sunday; Continuously

Analytic Time
Same day/1 day

Maximum Laboratory Time
1 day
Specimen Retention Time
1 day

Performing Laboratory Location
Rochester

Fees and Codes

Fees
- Authorized users can sign in to Test Prices for detailed fee information.
- Clients without access to Test Prices can contact Customer Service 24 hours a day, seven days a week.
- Prospective clients should contact their Regional Manager. For assistance, contact Customer Service.

Test Classification
This test has been cleared, approved or is exempt by the U.S. Food and Drug Administration and is used per manufacturer’s instructions. Performance characteristics were verified by Mayo Clinic in a manner consistent with CLIA requirements.

CPT Code Information
85520

LOINC® Information

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<tr>
<th>Test ID</th>
<th>Test Order Name</th>
<th>Order LOINC Value</th>
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<tbody>
<tr>
<td>HEPTP</td>
<td>Heparin Anti-Xa, P</td>
<td>3274-8</td>
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<table>
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<tr>
<th>Result ID</th>
<th>Test Result Name</th>
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