

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.

Specimen Minimum Volume

1 mL

Specimen Stability Information

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

Clinical and Interpretive**Reference Values**

Negative

Performance**PDF Report**

No

Day(s) and Time(s) Test Performed

Sunday through Saturday

Analytic Time

1 - 2 days

Maximum Laboratory Time

3 - 6 days

Performing Laboratory Location

ARUP Laboratories

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](#).

CPT Code Information

85366

LOINC® Information

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

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