Overview

Useful For
Diagnosing deficiency of coagulation factor XI
Investigation of prolonged activated partial thromboplastin time

Special Instructions
- Coagulation Guidelines for Specimen Handling and Processing

Method Name
Optical Clot-Based

NY State Available
Yes

Specimen

Specimen Type
Plasma Na Cit

Advisory Information
Coagulation testing is highly complex, often requiring the performance of multiple assays and correlation with clinical information. For that reason we suggest ordering Coagulation Consultations.

Necessary Information
If priority specimen, mark request form, give reason, and request a call-back.

Specimen Required
See Coagulation Guidelines for Specimen Handling and Processing in Special Instructions.

Patient Preparation: Patient must not be receiving Coumadin or heparin therapy.

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, transfer all plasma into a plastic vial, and centrifuge plasma again.
2. Aliquot plasma into separate plastic vial leaving 0.25 mL in the bottom of centrifuged vial.
3. Freeze plasma immediately (no longer than 4 hours after collection) at -20 degrees C, or, ideally at< or =-40 degrees C.
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 Minimum Volume

0.5 mL

Reject Due To

<table>
<thead>
<tr>
<th>Gross hemolysis</th>
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<tbody>
<tr>
<td>Gross lipemia</td>
<td>Reject</td>
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<tr>
<td>Gross icterus</td>
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Specimen Stability Information

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<tr>
<th>Specimen Type</th>
<th>Temperature</th>
<th>Time</th>
<th>Special Container</th>
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<tbody>
<tr>
<td>Plasma Na Cit</td>
<td>Frozen</td>
<td>14 days</td>
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Clinical and Interpretive

Clinical Information

Factor XI is synthesized in the liver. Its biological half-life is 60 to 80 hours. Factor XI is a component of intrinsic coagulation pathway which, when activated, activates factor IX to IXa.

Factor XI deficiency may cause prolonged partial thromboplastin time. Deficiency associated with mild bleeding diathesis, but there is poor correlation between activity level and clinical bleeding. A relatively high incidence of congenital deficiency occurs among Ashkenazi Jewish descent (hemophilia C).

Reference Values

Adults: 55-150%

Normal, full-term newborn infants or healthy premature infants may have decreased levels (> or =10%) which may not reach adult levels for > or =180 days postnatal.*

*See Pediatric Hemostasis References section in Coagulation Guidelines for Specimen Handling and Processing in Special Instructions.

Interpretation

Acquired deficiency is associated with liver disease and rarely inhibitors.

Homozygotes: <20%

Heterozygotes: 20% to 60%
Cautions
Decreased plasma levels of factor XI do not correlate well with bleeding risk.

Clinical Reference

Performance
Method Description

PDF Report
No

Day(s) and Time(s) Test Performed
Monday through Friday

Analytic Time
1 day

Maximum Laboratory Time
3 days

Specimen Retention Time
7 days

Performing Laboratory Location
Rochester

Fees and Codes
Fees
Test Definition: F_11
Coag Factor XI Assay, P

- 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 modified from the manufacturer's instructions. Its performance characteristics were determined by Mayo Clinic in a manner consistent with CLIA requirements. This test has not been cleared or approved by the U.S. Food and Drug Administration.

CPT Code Information
85270

LOINC® Information

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<td>Coag Factor XI Assay, P</td>
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