Overview

Useful For

Diagnosing hemophilia A

Diagnosing von Willebrand disease when measured with the von Willebrand factor (VWF) antigen and VWF activity

Diagnosing acquired deficiency states

Investigation of prolonged activated partial thromboplastin time

Monitoring infusions of factor VIII replacement during interventional procedures and prophylactic infusions

This test is not useful for inferring carrier status in suspected female carriers of hemophilia A, unless it is 50% of normal (<28% activity in adults).

Testing Algorithm

See Hemophilia Testing Algorithm in Special Instructions.

Special Instructions

- Coagulation Guidelines for Specimen Handling and Processing
- Hemophilia Testing Algorithm

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 ≤ -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.
3. Not offered for detection of hemophilia carrier.

**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>
<th>Reject</th>
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<tbody>
<tr>
<td>Gross lipemia</td>
<td>Reject</td>
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<tr>
<td>Gross icterus</td>
<td>Reject</td>
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**Specimen Stability Information**

<table>
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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 VIII is synthesized in the liver, and perhaps in other tissues. It is a coagulation cofactor that circulates bound to von Willebrand factor and is part of the intrinsic coagulation pathway. The biological half-life is 9 to 18 hours (average is 12 hours).

Congenital factor VIII decrease is the cause of hemophilia A, which has an incidence of 1 in 10,000 and is inherited in a recessive sex-linked manner on the X chromosome. Severe deficiency (<1%) characteristically demonstrates as hemarthrosis, deep-tissue bleeding, excessive bleeding with trauma and ecchymoses.
Factor VIII may be decreased in von Willebrand disease. Acquired deficiency states also occur.

Antibodies specific for factor VIII are the most commonly occurring specific inhibitors of coagulation factors and can produce serious bleeding disorders (acquired hemophilia).

Factor VIII is highly susceptible to proteolytic inactivation, with the potential for spuriously decreased assay results.

**Reference Values**

Adults: 55-200%

Normal, full-term newborn infants or healthy premature infants usually have normal or elevated factor VIII.*

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

**Interpretation**

Mild hemophilia A: 5% to 50%

Moderate hemophilia A: 1% to 5%

Severe hemophilia A: <1%

Congenital deficiency may also occur in combined association with factor V deficiency.

Liver disease usually causes an increase in factor VIII activity.

Acquired deficiencies of factor VIII have been associated with myeloproliferative or lymphoproliferative disorders (acquired von Willebrand disease; VWD), inhibitors of factor VIII (autoantibodies, postpartum conditions, etc), and intravascular coagulation and fibrinolysis.

Levels may be decreased with von Willebrand factor in VWD.

**Cautions**

Factor VIII is a labile protein. Improper handling of a specimen may give a false result.

Factor VIII is highly susceptible to proteolytic inactivation, with the potential for spuriously decreased assay results. Normal results can be regarded as reliable, but decreased result needs to be correlated with other clinical and laboratory information. Repeat testing may be necessary.

Factor VIII activity in frozen-thawed plasma specimens may be 10% to 20% lower than if assayed in fresh specimens, even under optimum conditions of processing and transportation, or maybe even lower if these conditions are suboptimal.

Factor VIII rises in response to a number of factors, including pregnancy, estrogen therapy, stress, disease, etc.

Once artefactual reduction in FVIII is excluded, it is important to measure VWF levels to ensure that the patient does not have von Willebrand disease.

**Clinical Reference**


2. Barrowcliffe TW, Raut S, Sands D, Hubbard AR: Coagulation and chromogenic assays of factor VIII activity:
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

- 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.
### Test Definition: F8A
Coag Factor VIII Activity Assay, P

#### CPT Code Information
85240

#### LOINC® Information

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<td>Coag Factor VIII Activity Assay, P</td>
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