

**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 & Interpretive****Reference Values**

Negative

**Performance****PDF Report**

No

**Day(s) Performed**

Sunday through Saturday

**Report Available**

1 to 6 days

**Performing Laboratory Location**

ARUP Laboratories

**Fees & 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 account representative. 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