

Overview

Useful For

Assisting in the diagnosis of arterial or venous prethrombotic states in various pathological and clinical situations including disseminated intravascular coagulation/intravascular coagulation and fibrinolysis and postoperative monitoring of surgeries with a high risk of thromboses

Method Name

Only orderable as a reflex. For more information see:

ALUPP / Lupus Anticoagulant Profile, Plasma

ALBLD / Bleeding Diathesis Profile, Limited, Plasma

AATHR / Thrombophilia Profile, Plasma and Whole Blood

APROL / Prolonged Clot Time Profile, Plasma

ADIC / Disseminated Intravascular Coagulation/Intravascular Coagulation and Fibrinolysis (DIC/ICF) Profile, Plasma

Latex Immunoassay

NY State Available

Yes

Specimen

Specimen Type

Plasma Na Cit

Specimen Required

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Reject Due To

Gross hemolysis	Reject
Gross lipemia	Reject
Gross icterus	Reject

Specimen Stability Information

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

Clinical & Interpretive

Clinical Information

Fibrin monomers are intermediate products formed during the proteolysis of fibrinogen by thrombin. During intravascular coagulation, low levels of thrombin are available in the blood, but the quantity of fibrin monomers formed are not sufficient to aggregate and form a clot; instead, they associate themselves with fibrinogen or fibrinogen-degradation products to form soluble complexes (ie, soluble fibrin monomer complex). Disseminated intravascular coagulation (DIC)/intravascular coagulation and fibrinolysis (ICF), collectively termed DIC/ICF is a clinical diagnosis; no single test is completely sensitive or specific for DIC/ICF.

Reference Values

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< or =8 mcg/mL

Interpretation

A normal soluble fibrin monomer complex (SFMC) does not exclude the presence of thrombosis or early disseminated intravascular coagulation (DIC)/intravascular coagulation and fibrinolysis (ICF). An elevated SFMC may be seen in patients with venous or arterial thromboembolism or DIC/ICF. It may also be mildly elevated in clotted specimens.

Cautions

Lipemia can interfere with this assay, causing an underestimation of the soluble fibrin monomer complex level. Therefore, results from lipemic specimens should be interpreted with caution.

Clinical Reference

Favaloro EJ, Lippi G, eds. Hemostasis and Thrombosis: Methods and Protocols. Humana Press; 2017

Performance

Method Description

This assay is based on the change in turbidity of a microparticle suspension that is measured by photometry. A suspension of latex microparticles, coated by covalent bonding with monoclonal antibodies specific for fibrin monomers, is mixed with the plasma to be assayed. An antigen-antibody reaction takes place, leading to an agglutination of the latex microparticles, which induces an increase in turbidity of the reaction medium. This increase in turbidity is reflected

by an increase in absorbance, the latter being measured photometrically. The increase in absorbance is a function of the soluble fibrin monomer complex level present in the test sample. (Package insert: STA-Liatest FM. Diagnostica Stago, Inc; 09/2014)

PDF Report

No

Day(s) Performed

Monday through Friday

Report Available

1 to 4 days

Specimen Retention Time

7 days

Performing Laboratory Location

Rochester

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](#).

Test Classification

This test was developed and its performance characteristics determined by Mayo Clinic in a manner consistent with CLIA requirements. It has not been cleared or approved by the US Food and Drug Administration.

CPT Code Information

85366

LOINC® Information

Test ID	Test Order Name	Order LOINC® Value
SOLFM	Soluble Fibrin Monomer	93748-2

Result ID	Test Result Name	Result LOINC® Value
SOLFM	Soluble Fibrin Monomer	93748-2