

## Overview

**Method Name**

Chromogenic

**NY State Available**

Yes

## Specimen

**Specimen Type**

Plasma Na Cit

**Specimen Required****Collection Container/Tube:** Light-blue top (3.2% sodium citrate)**Submission Container/Tube:** Plastic vial**Specimen Volume:** 1 mL platelet-poor plasma, in plastic vial**Collection Instructions:** Draw blood into a 3.2% sodium citrate (light blue-top) tube. Centrifuge light blue-top tube 15 minutes at approx. 1500 g within 60 minutes of collection. Using a plastic pipette, remove plasma, taking care to avoid the WBC/platelet buffy layer and place into a plastic vial. Centrifuge a second time and transfer platelet-poor plasma into a new plastic vial. Plasma must be free of platelets (<10,000/mcl). Freeze immediately, ship frozen.**Note:** Note oral anticoagulant therapy**Specimen Minimum Volume**

0.5 mL

**Reject Due To****Specimen Stability Information**

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

## Clinical & Interpretive

**Clinical Information**

Factor XIII, Functional- Low Factor XIII levels, i.e., <15%, may cause a bleeding disorder and levels <2% have been associated with spontaneous intracranial hemorrhage.

**Reference Values**

57 - 192 % activity

**Performance****PDF Report**

No

**Day(s) Performed**

Thursday

**Report Available**

4-18 days

**Performing Laboratory Location**

Quest Diagnostics Nichols Institute

**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 performed using a kit that has not been cleared or approved by the FDA. The analytical performance characteristics of this test have been determined by Quest Diagnostics Nichols Institute, San Juan Capistrano. This test should not be used for diagnosis without confirmation by other medically established means.

**CPT Code Information**

85290

**LOINC® Information**

Test ID	Test Order Name	Order LOINC® Value
FFX3F	Factor XIII, Functional	27815-0
Result ID	Test Result Name	Result LOINC® Value
FFX3F	Factor XIII, Functional	27815-0