LAB313 D-Dimer, Quantitative

BMC, CRH, LFH, OCH, FTT, FOX

Performing Location(s)
BMC, CRH, LFH, OCH, FTT, FOX

Specimen Type
Platelet Poor Plasma

Preferred Container
Blue top tube (3.2% sodium citrate)

Transportation Needs
Deliver specimen to the laboratory within 1 hour of collection.
If not possible see "Storage requirements"

Minimum Volume to Submit for Testing
2.7 mL Plasma

Storage Requirements
If request is for D-Dimer only or a D-Dimer and PT/INR, keep sample in original container and transport at room temperature.
If D-Dimer is requesting with a PTT or any other coagulation assays then Prepare Platelet Poor Plasma:
1. Centrifuge tube at 1500 g for 10 minutes
2. Use a plastic transfer pipette to remove plasma (staying away from the buffy coat layer) and transfer top 2/3 of plasma to a plastic aliquot tube.
3. Centrifuge this aliquot tube at 1500 g for 10 minutes.
4. Transfer top 3/4 of plasma (do not disturb button at bottom of tube) into another plastic aliquot tube.
5. Label this tube with patient information and a PLASMA sticker.
6. Freeze plasma within 24 hrs in a -15° to -25°C freezer until ready to transport.
7. Plasma must be transported to the laboratory frozen.

Causes for Rejection
Clotted specimen
Mislabeled or unlabeled specimen
Less than 90% draw for vacutainer tubes
Collection in any tube other than 3.2% plastic sodium citrate blue top tube
Whole blood > 24 hours old
Plasma received > 24 hours old unless separated from cells and frozen at -15° to -25°C
Hemolysis > 500 mg/dL (>4+)

Reference Values

Population	Units	Reference Range
All populations	ng/mL (FEU)*	215-499
*Fibrinogen Equivalent Units		
Interpretive Guidelines		
D-Dimer levels are most frequently elevated in cases of deep vein thrombosis (DVT) and pulmonary embolism (PE). Other circumstances may lead to a high D-dimer level, in particular: Old age, pregnancy, peripheral ateriopathy, disseminated intravascular coagulation (DIC), coronary disease, thrombolytic treatment, cancer, liver disease, infection, inflammation, hematoma, and post-surgical stage. The likelihood of a DVT or a PE with a D-dimer level below 500 ng/ml is very low.		

Available STAT
Yes

Methodology
Turbidimetric detection of D-dimer/antibody aggregation

CPT Code
85379