**LAB321** Mixing Study, PT

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BMC

> **Important Note**
>
> Please test PT on same day of collection before sending frozen sample to MIB.

**Performing Location(s)**
BMC

**Specimen Type**
Plasma

**Preferred Container**
**Four** 3.2% sodium citrate plastic blue top tubes, 4.5 mL each (One set of 4 is sufficient if both MXPT and MXPTT are ordered)

**Minimum Volume to Submit for Testing**
4.5 mL plasma

**Transportation Needs**
If transportation to the laboratory is to be delayed for more than 1 hour:
Prepare Platelet Poor Plasma.
Centrifuge at 1500g for 10 minutes.
Use a plastic transfer pipet to remove plasma (staying away from buffy coat layer) to transfer top 2/3 of plasma to plastic aliquot tube.
Place plasma from the 4 tubes together in one aliquot tube 3.
Centrifuge aliquot tube at 1500g for 10 minutes.
Transfer top 3/4 of plasma (do not disturb button at bottom of tube) into TWO plastic aliquot tubes.
Label appropriately with patient information and PLASMA sticker.
Freeze immediately in a -15° to -25°C freezer until ready for transport
Plasma must be transported to Laboratory frozen.

**Causes for Rejection**
Clotted specimens
Collection in any tube other than 3.2% plastic sodium citrate blue top tube
Mislabeled or unlabeled specimen
Less than 90% filled
Received greater than 24 hours old unless separated from cells and frozen at -15° to -25°C or less than -70°C
Hemolysis > 500 mg/dL (>4+)
Whole Blood or Plasma samples received refrigerated (2-8 degree C) or on ice
Patients who are currently on anticoagulation therapy

Normal PT/INR

**Reference Values**
Interpretive Guidelines:
Interpretive report may be issued by the Pathologist.
Correction of the test plasma by the addition of PNP within 1 second of the upper range for the PT may indicate factor deficiency.
Failure of the PNP to correct PT may indicate the presence of an inhibitor.

**Available STAT**
No

**Methodology**
Turbidimetric

**CPT Code**
85611