

Apixaban, Anti-Xa, Plasma

**Reporting Title:** Apixaban, Anti-Xa, P **Performing Location:** Rochester

#### Ordering Guidance:

This assay is not indicated for monitoring low-molecular-weight heparin (LMWH) or unfractionated heparin (UFH) concentrations. The presence of UFH and LMWH will cause the apixaban anti-Xa level to be falsely elevated.

This assay is optimized to measure apixaban concentration in presence of coagulation factor Xa recombinant, inactivated-zhzo (andexanet alfa, Andexxa).

#### **Necessary Information:**

#### Specimen Requirements:

Specimen Type: Platelet-poor plasma

Collection Container/Tube: Light-blue top (3.2% sodium citrate)

Submission Container/Tube: Plastic vial

Specimen Volume: 1 mL

#### **Collection Instructions:**

1. Specimen should be collected 2 to 4 hours (peak) after a dose or just prior (trough) to the next dose for apixaban concentrations.

2. For complete instructions, see <u>Coagulation Guidelines for Specimen Handling and Processing</u>.

- 3. Centrifuge, transfer all plasma into a plastic vial, and centrifuge plasma again.
- 4. Aliquot plasma into a plastic vial leaving 0.25 mL in the bottom of centrifuged vial.
- 5. Freeze plasma immediately (no longer than 4 hours after collection) at -20 degrees C or, ideally, < or =-40 degrees C.

#### Additional Information:

1. A double-centrifuged specimen is critical for accurate results as platelet contamination may cause spurious results.

2. Each coagulation assay requested should have its own vial.

#### Forms:

If not ordering electronically, complete, print, and send a Coagulation Test Request (T753) with the specimen.

Specimen Type	Temperature	Time	Special Container
Plasma Na Cit	Frozen	42 days	

#### Result Codes:

Result ID	Reporting Name	Туре	Unit	LOINC®
APIX1	Apixaban, Anti-Xa, P	Numeric	ng/mL	74214-8
APIX2	Interpretation	Alphanumeric		69049-5
APIX3	Cautions	Alphanumeric		62364-5

LOINC<sup>®</sup> and CPT codes are provided by the performing laboratory.



# **Test Definition: APIXA**

Apixaban, Anti-Xa, Plasma

## Supplemental Report:

No

## **CPT Code Information:**

80299

### **Reference Values:**

An interpretive report will be provided.