

## Overview

### Useful For

Diagnosis of intravascular coagulation and fibrinolysis, also known as disseminated intravascular coagulation, especially when combined with clinical information and other laboratory test data (eg, platelet count, assays of clottable fibrinogen and soluble fibrin monomer complex, and clotting time assays-prothrombin time and activated partial thromboplastin time)

Exclusion of the diagnosis of acute pulmonary embolism or deep vein thrombosis, particularly when results of a sensitive D-dimer assay are combined with clinical information, including pretest disease probability

### Method Name

Only orderable as part of a profile or reflex. For more information see:

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

ALUPP / Lupus Anticoagulant Profile, Plasma

Latex Immunoassay (LIA)

### NY State Available

Yes

## Specimen

### Specimen Type

Plasma Na Cit

### Specimen Required

Only orderable as part of a profile or reflex. For more information see:

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APROL / Prolonged Clot Time Profile, Plasma

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

ALUPP / Lupus Anticoagulant Profile, Plasma

### 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

Thrombin, the terminal enzyme of the plasma procoagulant cascade, cleaves fibrinopeptides A and B from fibrinogen, generating fibrin monomer. Fibrin monomer contains D domains on each end of the molecule and a central E domain. Most of the fibrin monomers polymerize to form insoluble fibrin, or the fibrin clot, by repetitive end-to-end alignment of the D domains of 2 adjacent molecules in lateral contact with the E domain of a third molecule. The fibrin clot is subsequently stabilized by thrombin-activated factor XIII, which covalently cross-links fibrin monomers by transamidation, including dimerization of the D domains of adjacently polymerized fibrin monomers. The fibrin clot promotes activation of fibrinolysis by catalyzing the activation of plasminogen (by plasminogen activators) to form plasmin enzyme. Plasmin proteolytically degrades cross-linked fibrin, ultimately producing soluble fibrin degradation products of various sizes that include cross-linked fragments containing neoantigenic D-dimer (DD) epitopes.

Plasmin also degrades fibrinogen to form fragments X, Y, D, and E. D-dimer immunoassays use monoclonal antibodies to DD neoantigen and mainly detect cross-linked fibrin degradation products, whereas the fibrino(genolytic) degradation products-X, Y, D, and E, and their polymers may be derived from fibrinogen or fibrin. Therefore, the blood content of D-dimer indirectly reflects the generation of thrombin and plasmin, roughly indicating the turnover or activation state of the coupled blood procoagulant and fibrinolytic mechanisms.

### Reference Values

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ALUPP / Lupus Anticoagulant Profile, Plasma

< or =500 ng/mL Fibrinogen Equivalent Units (FEU)

D-dimer values < or =500 ng/mL FEU may be used in conjunction with clinical pretest probability to exclude deep vein thrombosis (DVT) and pulmonary embolism (PE).

### Interpretation

D-dimer values less than or equal to 500 ng/mL fibrinogen-equivalent units (FEU) are normal. Within the reportable normal range (220-500 ng/mL FEU), measured values may reflect the activation state of the procoagulant and fibrinolytic systems, but the clinical utility of such quantitation is not established.

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A normal D-dimer result (< or =500 ng/mL FEU) has a negative predictive value of approximately 95% for the exclusion of acute pulmonary embolism (PE) or deep vein thrombosis when there is low or moderate pretest PE probability.

Increased D-dimer values are abnormal but do not indicate a specific disease state. D-dimer values may be increased as a result of:

- Clinical or subclinical intravascular coagulation and fibrinolysis (ICF)/disseminated intravascular coagulopathy (DIC).
- Other conditions associated with increased activation of the procoagulant and fibrinolytic mechanisms such as recent surgery, active or recent bleeding, hematomas, trauma, or thromboembolism.
- Association with pregnancy, liver disease, inflammation, malignancy or hypercoagulable (procoagulant) states.

The degree of D-dimer increase does not definitely correlate with the clinical severity of associated disease states.

**Cautions**

Lipemia can interfere with this assay, causing an overestimation of the D-dimer level. Therefore, results from lipemic specimens should be interpreted with caution.

The presence of rheumatoid factor at a level above 50 IU/mL may lead to an overestimation of the D-dimer level.

**Clinical Reference**

Favaloro EJ, Lippi G. eds. Hemostasis and Thrombosis: Methods and Protocols. 1st ed. Humana Press; 2017

**Performance****Method Description**

The D-dimer assay is performed using the HemosIL D-Dimer HS 500 kit on the Instrumentation Laboratory ACL TOP instrument. D-dimer is assayed in plasma by adding polystyrene latex particles coated with monoclonal antibodies specific for D-dimer domain. The latex particles agglutinate in the presence of soluble fibrin degradation products containing the D-dimer domain. The degree of agglutination is directly proportional to the concentration of D-dimer in the sample and is determined by measuring the decrease of transmitted light caused by the aggregates (turbidimetric immunoassay). (Package insert: HemosIL D-Dimer HS 500. Instrumentation Laboratory Company, 02/2017)

**PDF Report**

No

**Day(s) Performed**

Monday through Friday

**Report Available**

Same day/1 to 4 days

**Specimen Retention Time**

7 days

**Performing Laboratory Location**

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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 has been cleared, approved, or is exempt by the US Food and Drug Administration and is used per manufacturer's instructions. Performance characteristics were verified by Mayo Clinic in a manner consistent with CLIA requirements.

### CPT Code Information

85379

### LOINC® Information

| Test ID | Test Order Name | Order LOINC® Value |
|---------|-----------------|--------------------|
| DIMER   | D-Dimer, P      | 48067-3            |

| Result ID | Test Result Name | Result LOINC® Value |
|-----------|------------------|---------------------|
| DIMER     | D-Dimer, P       | 48067-3             |