D-Dimer

**CPT Code:** 85379  
**Order Code:** C2139  
**ABN Requirement:** No  
**Synonyms:** Fragment D-dimer; Fibrin Degradation Fragment  
**Specimen:** NaCit Plasma  
**Volume:** 2.0 mL  
**Minimum Volume:** 1.0 mL  
**Container:** Sodium Citrate (Blue Top tube)

**Collection:**

**Sodium Citrate Plasma:**

1. Collect and label sample according to standard protocols. It is important to fill the tube to the fill-line.  
2. Gently invert tube 3-4 times immediately after draw. DO NOT SHAKE.  
3. Centrifuge for 10 minutes.  
4. Pre-squeeze transfer pipet bulb and draw off approximately 2/3 of the upper plasma layer.  
   *Note: This ensure that the buffy coat and red cells remain undisturbed.*  
5. IMMEDIATELY aliquot plasma into labeled transfer tube. Discard original tube. Freeze sample after aliquoting.

**Transport:** Store sodium citrate plasma at frozen at -20°C after collection and ship the same day per packaging instructions provided with the Cleveland HeartLab shipping box.

- Please note: Ship frozen sodium citrate plasma on dry ice.

**Special Information:** Sodium citrate collection tube must be filled to total fill volume.

**Stability:**

- **Ambient (15-25°C):** Not acceptable  
- **Refrigerated (2-8°C):** 24 hours  
- **Frozen (-20°C):** 4 weeks
Deep Frozen (-70°C): 4 weeks

**Causes for Rejection:** Specimens other than plasma from a sodium citrate tube; improper labeling; samples not stored properly; samples older than stability limits; sample received not frozen.

**Methodology:** Turbidimetric Immunoassay (TUI)

**Turn Around Time:** 1 to 2 days

**Reference Range:**

<table>
<thead>
<tr>
<th>Age</th>
<th>ng/mL FEU</th>
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<tbody>
<tr>
<td>All Ages</td>
<td>&lt;500</td>
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**Clinical Information:** Useful in the evaluation of DIC and fibrinolytic abnormalities. Useful in the evaluation of deep vein thrombosis. A negative result (<500 ng/mL) may be helpful in the exclusion of venous thrombosis.

*The CPT codes provided are based on AMA guidelines and are for informational purposes only. CPT coding is the sole responsibility of the billing party. Please direct any questions regarding coding to the payer being billed.*