## **Silica Clotting Time**

Order Name: SCT
Test Number: 5197128
Revision Date: 03/25/2025

TEST NAME	METHODOLOGY	LOINC CODE
SCT Screen	Clot Detection	66736-0
SCT Confirm		n/a
SCT Ratio (Ratio result normalized)	Calculation	n/a

SPECIMEN REQUIREMENTS						
Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment		
Preferred	3 mL	Double Spun Plasma	Sodium Citrate 3.2% (Blue Top)	Frozen		
Alternate 1	5.4 mL	Whole Blood	Sodium Citrate 3.2% (Blue Top)	Room Temperature		
Instructions	Please indicate anticoagular	Please indicate anticoagulant therapy.				
	Collect Two 2.7mL Sodium Citrate 3.2% (Blue Top) tubes					
	Each 2.7mL Sodium Citrate 3.	Each 2.7mL Sodium Citrate 3.2% (Blue Top) tube must be filled to the proper level, no hemolysis. Improperly filled tubes can give erroneous results.				
	Whole blood must be transported to lab immediately.					
	If testing cannot be started within 4 hours of collection the specimen must be double spun then 1.5mL plasma aliquot from each tube into					
	individual plastic aliquot tub	es and freeze.				
	Do not pool aliquots togethe	er!				

GENERAL INFORMATION		
Expected TAT	2-3 Days	
CPT Code(s)	85732	
Lab Section	Coagulation	

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