D-dimer (DDI)

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TEST OVERVIEW

Test Name	D-dimer
Test Code	DDI
Short Description	DDI

OVERVIEW

Test Name	D-dimer
Test Code	DDI
Category	POC Cardiac
TAT	Main Lab: 2 Hour(s) Family Site: <3hrs, <2hrs
Specimen(s)	1 x Venous blood - 5 mL Tube - Green - Lithium Heparin Whole Blood 1 x - - 5 mL Tube - Light Blue - Citrated Plasma 1 x - - 5 mL Tube - Green - Lithium Heparin Plasma

SPECIMEN(S)

Lithium Heparin Whole Blood

Specimen Type	Lithium Heparin Whole Blood
Specimen Format	Tube
Specimen Colour	Green
Specimen Volume	5 mL
Sampling Order	3
Origin	Venous blood
Collection time after baseline	-
Transport Temperature	15-25°C
Accepted Other Specimens	Lithium Heparin Plasma

	EDTA Plasma
TAT	Main Lab: 2 Hour(s) Family Site: <3hrs, <2hrs
Test Stability	Room Temp: 2 Hour(s) 2–8°C: -

Citrated Plasma

Specimen Type	Citrated Plasma
Specimen Format	Tube
Specimen Colour	Light Blue
Specimen Volume	5 mL
Sampling Order	1
Origin	-
Collection time after baseline	-
Transport Temperature	15-25°C
Accepted Other Specimens	Lithium Heparin Plasma EDTA Plasma
TAT	Main Lab: 2 Hour(s) Family Site: <3hrs, <2hrs
Test Stability	Room Temp: 2 Hour(s) 2–8°C: -

Lithium Heparin Plasma

Specimen Type	Lithium Heparin Plasma
Specimen Format	Tube
Specimen Colour	Green
Specimen Volume	5 mL
Sampling Order	3
Origin	-
Collection time after baseline	-
Transport Temperature	15-25°C
Accepted Other Specimens	Lithium Heparin Plasma EDTA Plasma
TAT	Main Lab: 2 Hour(s) Family Site: <3hrs, <2hrs
Test Stability	Room Temp: 2 Hour(s) 2–8°C: -

CLINICAL INFORMATION

D-dimer

Methodology	-
Specimen Type	Lithium Heparin Whole Blood Citrated Plasma Lithium Heparin Plasma
Delay before pre-treatment	2
Transport Temperature	15-25°C
Transport Stability at room temp	2 Hours
Transport Stability at 2–8°C	- -
Haemolysis interference	No

Clinical Interest

D-dimer testing is a valuable tool in the diagnosis, risk stratification, and management of thromboembolic disorders and other conditions associated with abnormal coagulation and fibrinolysis.

A negative D-dimer test result has a negative predictive value in the diagnosis of deep vein thrombosis and pulmonary embolism.

However, it is important to interpret D-dimer results in the context of the patient's clinical presentation and other diagnostic findings.

PATIENT INFORMATION

Clinical Information Required	-
Patient Collection Notes	A completely filled tube is necessary because the correct ratio of blood to citrate is critical (9:1). Mix by gentle inversion 3-4 times. Do not uncap.

COMMENTS & NOTES

LOINC Code	058-2, 48058-2
Outwork	No