

## Reference

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## Suggested reading

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Tseng LW, Hughes D, Giger U. Evaluation of point-of-care coagulation analyzer for measurement of prothrombin time, activated partial thromboplastin time, and activated clotting time in dogs. *Am J Vet Res*. 2001;62(9):1455–1460.

# IDEXX **Coag Dx**\*

## Activated Partial Thromboplastin Time (aPTT)



Package insert

06-12901-02

**IDEXX**

### Intended use

The aPTT is a unitized coagulation test intended for in vitro use in performing a quantitative, one-stage activated partial thromboplastin time (aPTT). The test is performed using fresh canine or feline whole blood. This test is to be used with the Coag Dx\* Analyzer and is also compatible with the SCA2000\* Coagulation Analyzer.

**This test is for veterinary use only.**

### Summary and explanation

The aPTT is a measure of the intrinsic and common coagulation pathways, which involves all coagulation factors except factors VII and III (tissue factor). The aPTT is a modification of the partial thromboplastin time (PTT). The PTT uses a phospholipid derived from either brain or lung tissue to mimic the role of platelets in the coagulation process. The aPTT contains a contact activating substance to standardize the activation of factor XII, thereby providing a more precise and sensitive assay. The addition of a contact activator, such as glass, kaolin, or

diatomaceous earth, distinguishes the aPTT from the PTT.

The aPTT assay resolution is achieved through the use of a platelet factor 3 substitute and a kaolin activator and does not require an incubation step.

### Principle of operation

The coagulation analyzer utilizes a mechanical endpoint clotting mechanism in which clot formation occurs within the disposable aPTT cartridge. Following whole blood sample introduction, the analyzer precisely measures 15  $\mu$ L of blood and automatically moves it into the test channel within the aPTT cartridge. The remainder of the blood sample not needed for testing is automatically drawn into the waste channel of the cartridge. Sample/reagent mixing and test initiation are also performed automatically, requiring no operator interaction. After mixing with the reagent, the sample is then moved back and forth within the test channel and observed for clot formation.

**IDEXX**

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The clot detection mechanism consists of a series of LED optical detectors aligned with the test channel of the cartridge. The speed at which the blood sample moves back and forth between the two detectors is measured. As clot formation begins, blood flow is impeded and the movement slows. The analyzer recognizes that a clot endpoint has been achieved when the movement decreases below a predetermined rate. The whole blood aPTT test result is reported in whole seconds.

## Reagents

Each box of aPTT test cartridges contains the following:

- 10 pouches, each containing one aPTT test cartridge and one desiccant

The aPTT test cartridge is a self-contained disposable test chamber preloaded with a dried preparation of kaolin, phospholipid, stabilizers, and buffers. Each cartridge is individually packaged in a pouch. Cartridge pouches are stamped with a lot-specific expiration date.

**Caution:** All used test cartridges should be considered as potentially infectious, handled with care, and disposed of properly.

## Storage and stability

When refrigerated (36°F–46°F/2°C–8°C), the foil-pouched aPTT cartridges are stable until the marked expiration date. Room temperature storage (59°F–86°F/15°C–30°C) is optional for unopened, pouched cartridges. aPTT cartridges should not be exposed to temperatures in excess of 98.6°F/37°C.

**Note:** Room temperature redating is to a maximum of 4 weeks but must never exceed the marked expiration date. Redating is necessary if stored at room temperature. **Mark the outer box with the new expiration date when cartridges are stored at room temperature.**

## Sample collection

Blood samples to be used for coagulation testing must be collected in the following manner to prevent contamination with tissue thromboplastin or indwelling intravenous (IV) solutions that interfere with the coagulation assays. Poorly collected blood samples with visible clotting or debris accumulation must be discarded and a fresh sample collected.

Patient excitement should be minimized as this can increase platelet count, platelet aggregation, and the levels of von Willebrand factor (vWF), fibrinogen, and Factors V and VIII. Prolonged venous stasis and excessive probing for the vessel should be avoided. Use of the cephalic or saphenous veins are advised as bleeding is easier to control from these sites.<sup>1</sup> If a syringe is used, it should have a 23-gauge needle or larger. Use of excessive force when expelling the blood specimen through the needle may cause hemolysis.

**Note:** Samples must not be collected until the analyzer indicates “Add Sample” and “Press Start.”

### Syringe sample, from indwelling line

**Note:** The amount of blood required to adequately flush the line until it is free of contaminants is dependent on the amount of solution contained within the line. Greater volumes will be required to clear longer lines.

Using a tuberculin (1 mL) or 3 mL syringe, collect a minimum of 0.2 mL of blood from a previously flushed access port. Do not allow bubbles to form in the syringe.

### Syringe sample, from a venipuncture

1. Prepare the venipuncture site by cleansing with alcohol and allowing to air-dry completely.
2. Obtain a minimum of 0.2 mL of blood.

## Operating instructions

Before performing any assay, refer to the *IDEXX Coag Dx\* Analyzer Operator's Guide* for detailed operating instructions.

### Material provided

- aPTT test cartridges

### Material required (not provided)

- Coagulation analyzer
- Plastic syringes
- 23-gauge needle or larger (for syringe sampling)

**Note: aPTT test cartridges must be at room temperature prior to use. Once removed from the refrigerator, this may take up to 60 minutes. For best results, the pouch should be opened immediately prior to testing.**

## Test procedure

Refer to the *IDEXX Coag Dx\* Analyzer Operator's Guide* if any fault message should appear during this procedure.

1. Insert a test cartridge into the cartridge opening of the analyzer. The cartridge must be inserted with the blood reservoir facing up. The analyzer automatically identifies the test cartridge and displays the test type.
2. During the warming stage, observe the display for fault messages.

The analyzer emits an audible tone when it is ready and alternately displays the “Add Sample” and “Press Start” messages. The analyzer remains in the “Ready” mode for 5 minutes before a “START...TIMED OUT” message displays. If this occurs, a new test cartridge must be placed in the analyzer.

3. Obtain the blood sample. (See the Sample Collection section for more information.)
4. Immediately dispense one drop of blood into the center sample well of the test cartridge; fill from the bottom of the well up. This may be done either with or without a needle. A sufficient quantity of blood must be added directly to the center sample well to fill it flush to the top. Should a large drop of blood extend above the center sample well, push it into the outer sample well.
5. Press the **Start** key. A single beep signals the start of the test. The analyzer automatically mixes the sample with the reagent and detects clot.
6. The analyzer emits a single beep when the test is complete.

The test result, in seconds for whole blood, remains on the screen until the test cartridge is removed from the analyzer and for 120 seconds following its removal.

## Operating precautions

**Do NOT** use cartridges that are past their marked expiration date or that have been improperly stored.

**Do NOT** force a cartridge into the analyzer. If resistance to insertion is encountered, gently remove the cartridge and examine the cartridge slot. Remove any obstruction before attempting further use of the analyzer.

Sample collection and handling for all coagulation testing requires careful adherence to guidelines. As with all diagnostic tests, test results should be scrutinized in light of a specific patient's condition and anticoagulant therapy. Any results exhibiting inconsistency with the patient's clinical status should be repeated or supplemented with additional test data.

The aPTT is affected by poor technique, including blood collection and the transfer of blood to the sample well. The accuracy of the test is largely dependent upon the quality of the blood sample, which may be affected by the following:

- Foaming of the sample
- Hemolysis of the sample
- Clotted or partially clotted blood

Test results greater than 350 seconds should be considered abnormally high and the test should be repeated or reported as >350 seconds.

## Performance characteristics

### Reference intervals

Whole blood samples were obtained from normal healthy animals and tested with the aPTT test. Reference intervals were developed as follows:

Species	Canine	Feline
Reference interval (seconds)	60–93	60–115

## Limitations

Test results under 12 seconds and over 350 seconds are not reported. Instead, either an “Out of Range-Lo” or “Out of Range-Hi” message is displayed.