Test Update

TEG® 6S Viscoelastic Assay Replacing TEG® 5000

UVM Medical Center

On February 3, 2026, the Thrombosis and Hemostasis Laboratory at the University of Vermont Medical Center (UVMMC) will update our viscoelastic assay from the TEG®5000 to the next generation TEG®6S assay. We will be using the **TEG®6S Global Hemostasis HN Cartridge** and the **TEG®6S Platelet Mapping ADP&AA Cartridge**. While the utilization of the TEG®5000 and TEG®6S systems is similar, ***the methodology and reported parameters are different.***

*** Samples for Platelet mapping and TEG MUST BE WALKED TO THE LAB FOR TESTING.
DO NOT send via pneumatic tube system. After sample collection on an *inpatient unit*, the sample should be dropped off at the *nursing station* to have a Service Task placed for *transport to the lab*. ***

Test Build Information for New TEG Testing:

New Orderable	Epic Code	Atlas Code	Mayo Access ID	Order LOINC	CPT Code(s)
Thrombelastograph	LAB17888	LAB17888	N/A	107576-1	*
Result Component(s):	**Epic Code**	**Atlas Code**	**Mayo Access ID**	**Result LOINC**	**Notes**
Reaction Time	12301021327	12301021327	N/A	52789-5	
Max Amplitude	12301021328	12301021328	N/A	52778-8	
Reaction Time - Heparinase	12301021329	12301021329	N/A	66756-8	
LY30 Lysis - Heparinase	12301021330	12301021330	N/A	in process	
Max Amplitude - Heparinase	12301021331	12301021331	N/A	66755-0	
Max Amplitude - Functional Fibrinogen Heparinase	12301021332	12301021332	N/A	66755-0	
Specimen Requirements:					
Container	**Specimen**	**Temperature**	**Collect/Submit Vol**	**Min Vol**	**Stability**
Blue Top Tube	Whole Blood	Ambient	3.5 mL (to fill line)	3.5 mL	2 hours
Collection Instructions:					
The sample must be collected at the Main Campus (ACC) only.					
This test requires a separate blue top collected just for this test.					
Testing must begin within 2 hours. Samples are drawn through a 19-21 gauge butterfly needle. Collect a discard tube of 3 mL of blood prior to collection of the blue top tube. Keep blue top tube capped and at ambient temperature. Do not spin. Collection time must be documented on the tube.					
***CPT Codes:**					
85384x2, 85576x2, 85347x2, 85390					

Orderable to be Discontinued	Epic Code	Atlas Code	Mayo Test ID	Order LOINC
Thrombelastograph	LAB3560	TEG	N/A	67790-6

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Location
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Test Build Information for New Platelet Mapping Testing:

New Orderable	Epic Code	Atlas Code	Mayo Access ID	Order LOINC	CPT Code(s)
Platelet Mapping	LAB17877	LAB17877	N/A	in process	85576x4, 85390
Result Component(s):	**Epic Code**	**Atlas Code**	**Mayo Access ID**	**Result LOINC**	**Notes**
Max Amplitude - Kaolin	12301021319	12301021319	N/A	102000-7	
Max Amplitude - ActF	12301021320	12301021320	N/A	91126-3	
Max Amplitude - ADP	12301021321	12301021321	N/A	91127-1	
Max Amplitude - AA	12301021322	12301021322	N/A	94577-4	
% Inhibition ADP	12301021323	12301021323	N/A	in process	
% Inhibition AA	12301021324	12301021324	N/A	in process	
% Aggregation ADP	12301021325	12301021325	N/A	in process	
% Aggregation AA	12301021326	12301021326	N/A	in process	
Specimen Requirements:					
Container	**Specimen**	**Tempera-ture**	**Collect/Submit Vol**	**Min Vol**	**Stability**
Green Top (Li Hep) Tube ***(without gel)***	Whole Blood	Ambient	6 mL	6 mL	2 hours
Collection Instructions:					
The sample must be collected at the Main Campus (ACC) only.					
This test requires a separate tube collected just for this test. **Gel tubes are NOT acceptable.**					
Testing must begin within 2 hours. Samples are drawn through a 19-21 gauge butterfly needle. Collect a discard tube of 3 mL of blood prior to collecting the tube to be submitted for testing. Keep tube at ambient temperature and submit to the lab immediately.					

Orderable to be Discontinued	Epic Code	Atlas Code	Mayo Test ID	Order LOINC
Platelet Mapping for Plavix (ADP)	LAB3324	PMADP	N/A	N/A
Platelet Mapping for Aspirin and Plavix	LAB3322	PMADPA	N/A	N/A
Platelet Mapping for Aspirin (Arachidonic Acid)	LAB3323	PMAA	N/A	N/A

Known Interfering Factors: Sample hemolysis, hemodilution, anticoagulants other than heparin, and medications (including protamine, platelet antagonists, and fibrinolytics) may interfere with the results.

Viewing Results:

Results are viewable in TEGManager® Software available on the Citrix Platform throughout the duration of sample analysis in real-time. In addition, finalized results will be available in EPIC. NOTE: there is a new TEGManager icon for TEG6S. To find the new TEGManager icon, you will have to refresh your Apps in Citrix. Go to Citrix, click on the cog in the top right of the screen and select Refresh Apps. Go to ALL APPS and find the TEGManager-2025 icon.

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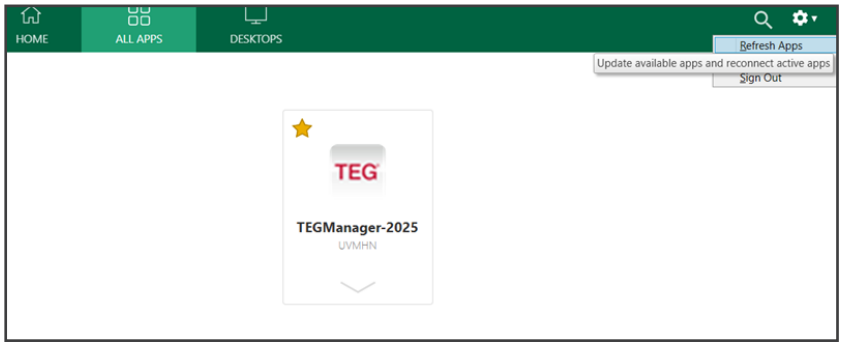

When you find the TEGManager-2025 icon, click on the star to add it to your favorites so it will appear each time you open Citrix.

TEG®6S Purpose and Principle:
The updated technology runs multiple tests at one time in one cartridge. This viscoelastic assay measures the physical property of blood as it clots. The new technology applies fixed vibrational frequencies to the blood sample employing an infrared detector to measure the vertical motion of the blood meniscus, tracking these resonance changes over the formation and dissolution of the blood clot.

TEG®6s Hemostasis HN Cartridge – Citrated includes the parameters K, KH, RTH, FFH (Citrated Multichannel) Assay Cartridge for 3.2% citrated whole blood and is intended for in vitro diagnostic use to provide semi-quantitative indications of the hemostasis state of a blood sample. This cartridge includes heparin-neutralization (HN). It is FDA-cleared to serve fully heparinized patients in adult cardiovascular surgeries/ procedures and liver transplantation in both laboratory and point-of-care settings.

Normal Reference Ranges:

CK-R	CK-MA	CKH-R	CKH-LY	CRTH-MA	CFFH-MA
4.6 - 9.1 min	52 - 69 mm	4.3 - 8.3 min	0 - 3.2 %	53 - 69 mm	15 - 34 mm

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Platelet Mapping® ADP+AA Assay Cartridge measures how clot strength changes in a heparinized whole blood sample when activated by ADP and Arachidonic Acid (AA) agonists. This measurement of the MA evaluates a patient's platelet function to predict bleeding/clotting risk, especially with antiplatelet drugs (aspirin, clopidogrel), by guiding personalized therapy to prevent complications during surgery or in cardiac care.

Normal Reference Ranges:

HKH-MA	ActF-MA	ADP-MA	AA-MA	ADP % Inhibition	AA % Inhibition	ADP % Aggregation	AA % Aggregation
53 - 68 mm	2 - 19 mm	45 - 69 mm	51 - 71 mm	0 - 17 %	0 - 11 %	83 - 100 %	89 - 100 %

Results from the TEG®6S analysis should not be the sole basis for a patient diagnosis but should be evaluated together with the patient's medical history, the clinical picture and, if necessary, further hemostasis and/or confirmatory tests.

If you have any questions, please contact the following:

- Kristin Lundy, CLS, MPH, Coagulation Technical Specialist
- Marian Rollins-Raval MD, MPH, Coagulation Medical Director

References:

- HAEMONETICS TEG®6S Hemostasis System. Global Hemostasis System - HN. Manufacturer's Instructions for Use. Citrated: K, KH, RTH, FFH. REF 07-604-US 2024-03.
- HAEMONETICS TEG®6S Hemostasis System. PlateletMapping® ADP & AA Manufacturer's Instructions for Use. REF 07-614-US 2023-08
- Volod O, Runge A. The TEG 6s System: System Description and Protocol for Measurements. Methods Mol Biol. 2023;2663:735-742. doi:10.1007/978-1-0716-3175-1_49
- Lloyd-Donald P, Churilov L, Cheong B, et al. Assessing TEG6S reliability between devices and across multiple time points: A prospective thromboelastography validation study. Sci Rep. 2020;10(1):7045. Published 2020 Apr 27. doi:10.1038/s41598-020-63964-y
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- Maxey-Jones C, Seelhammer TG, Arabia FA, et al. TEG® 6s-Guided Algorithm for Optimizing Patient Blood Management in Cardiovascular Surgery: Systematic Literature Review and Expert Opinion. J Cardiothorac Vasc Anesth. 2025;39(5):1162-1172. doi:10.1053/j.jvca.2025.02.011
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