

**To:** SHC, LPCH, and VC Medical Staff

**From:** Stanford Health Care Clinical Laboratories

**Subject: Change in D-dimer method for exclusion of venous thromboembolism in patients with low-moderate pre-test probability.**

**Date:** November 4, 2021

D-dimer values are used in association with a clinical pretest probability (PTP) assessment model to exclude pulmonary embolism (PE) and deep vein thrombosis (DVT) in outpatients where the disease prevalence is low. In such patients a negative result essentially excludes Venous Thromboembolism (VTE) and can be useful in limiting the laboratory and radiographic investigation.

A useful online tool for calculating pre-test probability is available here:

<https://www.mdcalc.com/wells-criteria-dvt#why-use>

Historically, ELISA D-dimer methods were considered the gold standard for exclusion of DVT in patients with low-moderate PTP. The Stago immuno-turbidimetric assay is a rapid, automated, quantitative immuno-turbidimetric method which is equivalent in performance to D-dimer ELISA methods in clinical studies.

Effective 11/15/2021, D-dimer [ELISA] methodology will be discontinued and the Stago immuno-turbidimetric assay will replace the ELISA method.

**Impact:**

- Please order LABDDIM [LAB313 for LPCH]
- Please update your Preference List for lab orders
- Unit of Measure: ug/mL FEU
- Reference Range: <0.5 ug/mL FEU (equivalent to prior <500 ng/mL FEU using ELISA method)

If you have any questions, please contact me or Lab Quality Management at [DL-LabQuality@stanfordhealthcare.org](mailto:DL-LabQuality@stanfordhealthcare.org).

**Reference**

Pernod G, Wu H, de Maistre E, Lazarchick J, Kassis J, Aguilar C, Vera PM, Palareti G, D'Angelo A; DiET Study Group (Jeffrey Caterino, Fabienne Dutrillaux, Gary Headden, Colin Kaide, Maxime Maignan, Raphaël Marlu, Anais Richard, Cindy Tissier). Validation of STA-Liatest D-Di assay for exclusion of pulmonary embolism according to the latest Clinical and Laboratory Standard Institute/Food and Drug Administration guideline. Results of a multicenter management study. *Blood Coagul Fibrinolysis*. 2017 Apr;28(3):254-260. doi: 10.1097/ MBC.0000000000000591. PMID: 27428016; PMCID: PMC5407630.

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