

Antiphospholipid Syndrome Reflex Panel

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This test is the preferred initial panel for the evaluation of suspected antiphospholipid syndrome. This reflex panel provides a multistep combination of assays.

Test Description

Test Components and Reflex Patterns

Featured ARUP Testing

Antiphospholipid Syndrome Reflex Panel 3017157

Method: Electromagnetic Mechanical Clot Detection/Chromogenic Assay/Semi-Quantitative Enzyme-Linked Immunosorbent Assay (ELISA)

When the Antiphospholipid Syndrome Reflex Panel is ordered, three initial tests will always be ordered and performed by ARUP. These tests are also available separately.

Tests Always Performed as Part of the Antiphospholipid Syndrome Reflex Panel (30T157) Test Method Standalone Test Code Beta-2 Glycoprotein 1 Antibodies, IgG and IgM Semi-quantitative enzyme-linked immunosorbent assay 0050321 Cardiolipin Antibodies, IgG and IgM Semi-quantitative enzyme-linked immunosorbent assay 0099344 Lupus Anticoagulant Reflex Panel Electromagnetic mechanical clot detection/chromogenic assay 3017009

Based on the results of the above assays, the following tests may be performed by reflex (additional charges apply):

Tests That May Be Performed by Reflex as Part of the Thrombotic Risk Reflex Panel (3017156)	
Reflex Reason	Test Added (Code)
Specific findings within the Lupus Anticoagulant Reflex Panel	Refer to the Lupus Anticoagulant Reflex Panel Test Fact Sheet for information about the Lupus Anticoagulant Reflex Panel (3017009)

Test Interpretation

Sensitivity/Specificity

Varies

Results

Interpretive information, including the reference interval, is provided for each test component. Refer to the Example Reports on the ARUP Laboratory Test Directory for more information. For more information about anticoagulant neutralization in the lupus anticoagulant panel, refer to the Lupus Anticoagulant Reflex Panel Test Fact Sheet.

Limitations

- Results should be interpreted within the context of a patient's complete clinical picture.
- The following factors may result in test interference or spurious results:
 - Acute phase reactions due to pregnancy, malignancy, inflammatory or infectious states, or trauma
 - Liver disease

- Anticoagulant medications in concentrations exceeding the capacity of neutralizing reagents (heparins, direct oral anticoagulants [DOACs])
- Warfarin effect
- Residual platelets (\geq 10,000 platelets/uL) in the plasma sample
- Specific factor antibodies directed against clotting factors involved in the intrinsic or common pathways.

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