ARUP LABORATORIES
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Jonathan R. Genzen, MD, PhD, Chief Medical Officer

Client: Example Client ABC123
123 Test Drive
Salt Lake City, UT 84108
UNITED STATES

Physician: Doctor, Example

Patient: Patient, Example

DOB	5/12/1997
Gender:	Female
Patient Identifiers:	01234567890ABCD, 012345
Visit Number (FIN):	01234567890ABCD
Collection Date:	00/00/0000 00:00

Lupus Anticoagulant Reflex Panel

ARUP test code 3017009

Prothrombin Time (PT)	13.7 s	(Ref Interval: 12.0-15.5)
PTT-LA Ratio	1.03	(Ref Interval: <=1.20)
dRVVT Screen Ratio	0.79	(Ref Interval: <=1.20)
Anti-Xa Qualitative Interpretation	Not Performed	(Ref Interval: Not Present)
Thrombin Time (TT)	Not Performed s	(Ref Interval: <=19.5)
Anticoagulant Medication Neutralization	Not Performed	(Ref Interval: Not Performed)
Neutralized PTT-LA Ratio	Not Performed	(Ref Interval: <=1.20)
Neutralized dRVVT Screen Ratio	Not Performed	(Ref Interval: <=1.20)
dRVVT 1:1 Mix Ratio	Not Performed	(Ref Interval: <=1.20)
dRVVT Confirmation Ratio	Not Performed	(Ref Interval: <=1.20)
Hexagonal Phospholipid Confirmation	Not Performed s	(Ref Interval: <=7.9)
Lupus Anticoagulant, Interpretation	See Note	

H=High, L=Low, *=Abnormal, C=Critical

Lupus anticoagulant not detected.

This panel did not detect evidence for heparin, direct thrombin inhibitors, or direct Xa inhibitors and drug neutralization was not performed.

Lupus anticoagulant antibodies are heterogeneous and antibody titers fluctuate over time. Laboratory tests used to identify lupus anticoagulant demonstrate variable sensitivity. Testing is best performed when the patient is not acutely ill and not anticoagulated. If there is strong clinical suspicion for antiphospholipid antibody syndrome (APS), consider testing for cardiolipin and beta-2 glycoprotein 1 antibodies (IgG and IgM) if this testing has not already been performed.

INTERPRETIVE INFORMATION: Lupus Anticoagulant Reflex Panel

This test was developed and its performance characteristics determined by ARUP Laboratories. It has not been cleared or approved by the U.S. Food and Drug Administration. This test was performed in a CLIA-certified laboratory and is intended for clinical purposes.

Antiphospholipid Syndrome Reflex Panel

ARUP test code 3017157

Testing Summary	See Note	

See individual results for interpretive data. Panel components include Beta-2 Glycoprotein 1 Antibodies, IgG and IgM (0050321); Cardiolipin Antibodies, IgG and IgM (0099344); and Lupus Anticoagulant Reflex Panel (3017009).

INTERPRETIVE INFORMATION: Antiphospholipid Syndrome Reflex Panel

See individual components

This test was developed and its performance characteristics determined by ARUP Laboratories. It has not been cleared or approved by the U.S. Food and Drug Administration. This test was performed in a CLIA-certified laboratory and is intended for clinical purposes.

Beta-2 Glycoprotein 1 Antibodies, IgG and IgM

ARUP test code 0050321

B2Glycoprotein 1, IgG Antibody	<10 SGU	(Ref Interval: <=20)
B2Glycoprotein 1, IgM Antibody	<10 SMU	(Ref Interval: <=20)

H=High, L=Low, *=Abnormal, C=Critical

INTERPRETIVE INFORMATION: B2Glycoprotein I, IgG and IgM Antibody

The persistent presence of IgG and/or IgM beta 2 glycoprotein I (B2GPI) antibodies is a laboratory criterion for the diagnosis of antiphospholipid syndrome (APS). Persistence is defined as moderate or high levels of IgG and/or IgM B2GPI antibodies detected in two or more specimens drawn at least 12 weeks apart (J Throm Haemost. 2006;4:295-306). B2GPI results greater than 20 SGU (IgG) and/or SMU (IgM) are considered positive based on the cutoff values established for this test. International reference materials and consensus units for anti-B2GPI antibodies have not been established (Clin Chim Acta. 2012;413(1-2):358-60; Arthritis Rheum. 2012;64(1):1-10.); results can be variable between different commercial immunoassays and cannot be compared. Strong clinical correlation is recommended for a diagnosis of APS. Low positive IgG and IgM B2GPI antibody levels should be interpreted in light of APS-specific clinical manifestations and/or other criteria phospholipid antibody tests.

Cardiolipin Antibodies, IgG and IgM

ARUP test code 0099344

Cardiolipin Antibody IgG	<10 GPL	(Ref Interval: <=14)

INTERPRETIVE INFORMATION: Anti-Cardiolipin IgG Ab

<=14 GPL: Negative
15-19 GPL: Indeterminate
20-80 GPL: Low to Moderately Positive
81 GPL or above: High Positive

The persistent presence of IgG and/or IgM cardiolipin (CL) antibodies in moderate or high levels (greater than 40 GPL and/or greater than 40 MPL units) is a laboratory criterion for the diagnosis of antiphospholipid syndrome (APS). Persistence is defined as moderate or high levels of IgG and/or IgM CL antibodies detected in two or more specimens drawn at least 12 weeks apart (J Throm Haemost. 2006;4:295-306). Lower positive levels of IgG and/or IgM CL antibodies (above cutoff but less than 40 GPL and/or less than 40 MPL units) may occur in patients with the clinical symptoms of APS; therefore, the actual significance of these levels is undefined. Results should not be used alone for diagnosis and must be interpreted in light of APS-specific clinical manifestations and/or other criteria phospholipid antibody tests.

Cardiolipin Antibody IgM	<10 MPL	(Ref Interval: <=12)

INTERPRETIVE INFORMATION: Anti-Cardiolipin IgM

<=12 MPL: Negative
13-19 MPL: Indeterminate
20-80 MPL: Low to Moderately Positive
81 MPL or above: High Positive

The persistent presence of IgG and/or IgM cardiolipin (CL) antibodies in moderate or high levels (greater than 40 GPL and/or greater than 40 MPL units) is a laboratory criterion for the diagnosis of antiphospholipid syndrome (APS). Persistence is defined as moderate or high levels of IgG and/or IgM CL antibodies detected in two or more specimens drawn at least 12 weeks apart (J Throm Haemost. 2006;4:295-306). Lower positive levels of IgG and/or IgM CL antibodies (above cutoff but less than 40 GPL and/or less than 40 MPL units) may occur in patients with the clinical symptoms of APS; therefore, the actual significance of these levels is undefined. Results should not be used alone for diagnosis and must be interpreted in light of APS-specific clinical manifestations and/or other criteria phospholipid antibody tests.

VERIFIED/REPORTED DATES

Procedure	Accession	Collected	Received	Verified/Reported
Prothrombin Time (PT)	24-050-112259	00/00/0000 00:00	00/00/0000 00:00	00/00/0000 00:00
PTT-LA Ratio	24-050-112259	00/00/0000 00:00	00/00/0000 00:00	00/00/0000 00:00
dRVVT Screen Ratio	24-050-112259	00/00/0000 00:00	00/00/0000 00:00	00/00/0000 00:00
Anti-Xa Qualitative Interpretation	24-050-112259	00/00/0000 00:00	00/00/0000 00:00	00/00/0000 00:00
Thrombin Time (TT)	24-050-112259	00/00/0000 00:00	00/00/0000 00:00	00/00/0000 00:00
Anticoagulant Medication Neutralization	24-050-112259	00/00/0000 00:00	00/00/0000 00:00	00/00/0000 00:00
Neutralized PTT-LA Ratio	24-050-112259	00/00/0000 00:00	00/00/0000 00:00	00/00/0000 00:00
Neutralized dRVVT Screen Ratio	24-050-112259	00/00/0000 00:00	00/00/0000 00:00	00/00/0000 00:00
dRVVT 1:1 Mix Ratio	24-050-112259	00/00/0000 00:00	00/00/0000 00:00	00/00/0000 00:00
dRVVT Confirmation Ratio	24-050-112259	00/00/0000 00:00	00/00/0000 00:00	00/00/0000 00:00
Hexagonal Phospholipid Confirmation	24-050-112259	00/00/0000 00:00	00/00/0000 00:00	00/00/0000 00:00
Lupus Anticoagulant, Interpretation	24-050-112259	00/00/0000 00:00	00/00/0000 00:00	00/00/0000 00:00
Testing Summary	24-050-112259	00/00/0000 00:00	00/00/0000 00:00	00/00/0000 00:00
B2Glycoprotein 1, IgG Antibody	24-050-112259	00/00/0000 00:00	00/00/0000 00:00	00/00/0000 00:00
B2Glycoprotein 1, IgM Antibody	24-050-112259	00/00/0000 00:00	00/00/0000 00:00	00/00/0000 00:00
Cardiolipin Antibody IgG	24-050-112259	00/00/0000 00:00	00/00/0000 00:00	00/00/0000 00:00
Cardiolipin Antibody IgM	24-050-112259	00/00/0000 00:00	00/00/0000 00:00	00/00/0000 00:00

END OF CHART

H=High, L=Low, *=Abnormal, C=Critical

H=High, L=Low, *=Abnormal, C=Critical