

## **TEST CHANGE**

Prothrombin Antibody, IgG 0051302, PROTHROM G	
Specimen Requirements:	
Patient Preparation:	
Collect:	Serum separator tube (SST) ORor It. blue (sodium citrate)).
Specimen Preparation:	<u>Separate serum from cells ASAP or within 2 hours of collection.</u> <u>TransferTransport</u> 0.5 mL serum ( <u>Min: 0.3 mL</u> ) OR 0.5 mL <u>citrate or plasma (Min: 0.3 mL)</u> to an ARUP <u>standard transport</u> <u>tube.Standard Transport Tube. (Min: 0.3 mL</u> )
Transport Temperature:	Refrigerated.
Unacceptable Conditions:	<u>Contaminated, heat-inactivated, clots, fibrin, gross red blood</u> <u>cells, severely lipemic, severely hemolyzed, or severely icteric</u> <u>specimens.</u> <u>Hemolyzed or lipemic specimens.</u>
Remarks:	
Stability:	After separation from cells: Ambient: 48 hours; Refrigerated: 2 weeks; Frozen: 1 year
Methodology:	Semi-Quantitative Enzyme-Linked Immunosorbent Assay <u>(ELISA)</u>
Performed:	Mon
Reported:	1-8 days
Note:	
CPT Codes:	86849
New York DOH Approval Status:	This test is New York DOH approved.

Interpretive Data:

IgG antibodies to prothrombin may be a risk factor for either venous or arterial thrombosis in antiphospholipid syndrome (APS). Strong clinical correlation is recommended in the absence of lupus anticoagulant, IgG and/or IgM cardiolipin and/or beta2 glycoprotein antibodies.

If results are positive, repeat testing with two or more specimens drawn at least 12 weeks apart to demonstrate persistence of antibodies.

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.



Reference Interval:

Effective 5/21/2018 Less than 20 Units