TEST CHANGE

Lupus Anticoagulant Reflex Panel

3017009, LUPUS RFLX

Specimen Requirements:	
Patient Preparation:	
Collect:	Light blue (sodium citrate). Refer to Specimen Handling at aruplab.com for hemostasis/thrombosis specimen handling guidelines.
Specimen Preparation:	Transfer 3 mL platelet-poor plasma to an ARUP standard transport tube. (Min: 2 mL)
Transport Temperature:	CRITICAL FROZEN. Separate specimens must be submitted when multiple tests are ordered.
Unacceptable Conditions:	Serum. EDTA plasma, clotted or hemolyzed specimens.
Remarks:	
Stability:	Ambient: 4 hours; Refrigerated: Unacceptable; Frozen at -20 C or below: 3 months
Methodology:	Electromagnetic Mechanical Clot Detection/Chromogenic Assay
Performed:	Sun-Sat
Reported:	1-3 days
Note:	If PTT-LA Ratio and dRVVT Screen Ratio are normal, then no further testing is performed. If either the PTT-LA Ratio or dRVVT Screen Ratio are elevated, then Anti-Xa Qualitative Interpretation is added. If PTT-LA Ratio is elevated, then Thrombin Time is also added. If Anti-Xa Qualitative Interpretation is Present and Thrombin Time is greater than 30 seconds~~elevated~~, then Hepzyme treatment is added. If PTT-LA Ratio is Normal and Anti-Xa Qualitative Interpretation is Present, or Thrombin Time is greater than 30 seconds,~~Abnormal~~ and Anti-Xa Qualitative Interpretation is Not Present, or Thrombin Time is lessa than 30 seconds,~~Normal~~ and Anti-Xa Qualitative Interpretation is Present, then DOAC-Stop treatment is added. If either Hepzyme or DOAC-Stop treatment is added, then Neutralized PTT-LA Ratio and/or Neutralized dRVVT Screen Ratio are added. If dRVVT Screen Ratio is elevated in the absence of Hepzyme or DOAC-Stop, or if Neutralized dRVVT Screen Ratio is elevated, then dRVVT 1:1

	Mix Ratio and dRVVT Confirmation Ratio are added. If PTT-LA Ratio is elevated in the absence of Hepzyme or DOAC-Stop treatment, or if Neutralized PTT-LA Ratio is elevated, then Hexagonal Phospholipid Confirmation is added. Additional charges apply.
CPT Codes:	85610; 85613; 85730; if reflexed, additional CPT codes may apply: 85520; 85525; 85598; 85613; 85670; 85730.
New York DOH Approval Status:	This test is New York DOH approved.

Interpretive Data:

Reference Interval:

Test Number	Components	Reference Interval
	Prothrombin Time (PT)	12.0-15.5 seconds
	PTT-LA Ratio	≤ 1.20
	dRVVT Screen Ratio	≤ 1.20
	Anti-Xa Qualitative Interpretation	Not Present
	Thrombin Time (TT)	≤ 19.5 seconds
	Anticoagulant Medication Neutralization	Not Performed
	Neutralized PTT-LA Ratio	≤ 1.20
	Neutralized dRVVT Screen Ratio	≤ 1.20
	dRVVT 1:1 Mix Ratio	≤ 1.20
	dRVVT Confirmation Ratio	≤ 1.20
	Hexagonal Phospholipid Confirmation	≤ 7.9