

NEW TEST

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Antiphospholipid Syndrome Reflex Panel

3017157, ANTI PHOS

Specimen Requirements:

Patient Preparation:

Collect: Light blue (sodium citrate) AND serum separator tube (SST). Refer to Specimen Handling at aruplab.com for hemostasis/thrombosis specimen handling guidelines.

Specimen Preparation: Transport 2 mL platelet poor plasma in an ARUP standard transport tube. (Min: 2 mL) AND transport 1 mL serum in an ARUP standard transport tube. (Min: 0.6 mL)

Transport Temperature: Plasma: CRITICAL FROZEN. Separate specimens must be submitted when multiple tests are ordered. Serum: Frozen.

Unacceptable Conditions: For Lupus Anticoagulant Reflexive Panel (Plasma): Serum. EDTA plasma, clotted or hemolyzed specimens. For cardiolipin and beta-2 glycoprotein antibodies (serum): Plasma and other body fluids, heat-inactivated, hemolyzed, lipemic, or contaminated specimens.

Remarks:

Stability: Plasma: Ambient: 4 hours; Refrigerated: Unacceptable; Frozen at -20 or below: 3 months Serum: Ambient: 48 hours; Refrigerated: 2 weeks; Frozen: 1 year (avoid repeated freeze/thaw cycles)

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

Performed: Sun-Sat

Reported: 1-3 days

Note: Testing will include Beta-2 Glycoprotein 1 Antibodies, IgG and IgM (0050321); Cardiolipin Antibodies, IgG and IgM (0099344); and Lupus Anticoagulant Reflex Panel (3017009). For the Lupus Anticoagulant Reflex Panel (3017009) portion of the panel, if PTT-LA Ratio and dRVVT Screen Ratio are normal, then no further clot-based 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 elevated, then Hepzyme treatment is added. If PTT-LA Ratio is normal and Anti-Xa Qualitative Interpretation is Present, or Thrombin Time is abnormal and Anti-Xa Qualitative Interpretation is Not Present, or Thrombin Time is 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; 86147x2; 86146x2; if reflexed, additional CPT codes may apply: 85520; 85525; 85598; 85613; 85670; 85730.

New York DOH Approval Status: Specimens from New York clients will be sent out to a New York DOH approved laboratory, if possible.

Interpretive Data:
See individual components.

Reference Interval:

HOTLINE NOTE: Refer to the Hotline Test Mix for interface build information.