

Lupus Anticoagulant Analyzer

Order Name: **LUP ANT AN**
Test Number: 1506300
Revision Date: 03/25/2025

TEST NAME	METHODOLOGY	LOINC CODE
<u>Activated Partial Thromboplastin Time (aPTT)</u>	<u>Clot Detection</u>	3184-9
<u>Beta-2-Glycoprotein IgG and IgM Antibody</u>	<u>Chemiluminescence Assay</u>	See Panel Details
<u>Cardiolipin Antibodies, IgM and IgG</u>	<u>Chemiluminescence Assay</u>	See Panel Details
<u>Dilute Russell Viper Venom (DRVVT) Profile</u>	<u>Assay Dependant</u>	See Panel Details
Lupus Anticoagulant PTT		
<u>Prothrombin Time (PT) and INR</u>		
Pathology Report		

SPECIMEN REQUIREMENTS				
Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	See Instructions	See Instructions	Sodium Citrate 3.2% (Blue Top) and Clot Activator SST	See Instructions
Instructions	<p>Please list the patient's anticoagulant on the "Coagulopathy Questionnaire Form" and submit with specimen or fax to 918-744-2897.</p> <p>Please collect both Serum and Plasma as indicated below:</p> <p>Seven: 2.7mL Sodium Citrate Blue top tubes Each 2.7mL Sodium Citrate 3.2% (Blue Top) tube must be filled to the proper level, no hemolysis. Improperly filled tubes can give erroneous results. Whole blood must be transported to lab immediately.</p> <p>If testing cannot be started within 4 hours of collection the specimen must be double spun then 1.5mL plasma aliquot from each tube into individual plastic aliquot tubes and freeze. Do not pool aliquots together!</p> <p>One: 5mL Clot Activator SST Centrifuge and Refrigerate the serum tube.</p> <p>(Serum specimen must be drawn within 72 hours of other specimens if not collected at the same time.)</p> <p><u>Coagulopathy Questionnaire Form</u></p> <p><u>Double Spin Procedure</u></p>			

GENERAL INFORMATION	
Testing Schedule	Mon - Wed, Fri - Day Shift
Expected TAT	Test Dependant
Clinical Use	<p>This analyzer is designed to evaluate patients in whom there is a clinical suspicion of a lupus anticoagulant or clinical features of the anti-phospholipid syndrome (e.g. thrombocytopenia, thrombosis, recurrent abortion).</p> <p>Not recommended when patients are taking Pradaxa®, Xarelto® and Apixaban® See More Information.</p> <p>The algorithm begins with a Prothrombin Time (PT/INR), Partial Thromboplastin time (PTT), Lupus Sensitive PTT, Dilute Russell Viper Venom Panel, Beta 2 Glycoprotein IgG/IgM Antibodies and Cardiolipin IgG/IgM testing. Subsequent tests are generated based on the results of this first level of testing. A pathology interpretation is included with all orders.</p>



CPT Code(s)

Initial Testing

TEST NAME	CPT CODES
Beta 2 Glycoprotein IgG/IgM	86146 x2
Cardiolipin G/M	86147 x2
DRVVT Screen	85613
LA-PTT	85705
PT	85610
PTT	85730
Pathology Interpretation	80503

Possible Additional Testing

TEST NAME	CPT CODES
DRVVT Mix	85613
DRVVT Confirm	85613
Factor 10	85260
Factor 11	85270
Factor 12	85280
Factor 2	85210
Factor 5	85220
Factor 8	85240
Factor 9	85250
Fibrinogen	85384
Silica Clotting Time	857232
Mix PT	85611 x2
Mix PTT	85732 x2
Mix PTT-La	85732 x2
Quantitative D-Dimer	85379
Hepzyme (heparin neutralizationc charge)	85525

Service Provided By

