


Protein S Antigen, Total

Order Name: **PROT S AG**
Test Number: 1503400
Revision Date: 12/12/2022

| TEST NAME | METHODOLOGY | LOINC CODE |
|--------------------------|---|------------|
| Protein S Antigen, Total | Quantitative Immunoturbidimetric | 27823-4 |

| SPECIMEN REQUIREMENTS | | | | |
|-----------------------|--|--------------------|--------------------------------|--|
| Specimen | Specimen Volume (min) | Specimen Type | Specimen Container | Transport Environment |
| Preferred | 1.5mL (1) | Double Spun Plasma | Sodium Citrate 3.2% (Blue Top) | Ambient whole blood or frozen aliquots |
| Instructions | <p>Please indicate anticoagulant therapy.</p> <p>Specimen Type: Blue-top (sodium citrate) tube</p> <p>Specimen Storage: FREEZE</p> <p>Specimen Collection: Collect properly filled Sodium Citrate 3.2% (Blue Top) tube. When sending citrated plasma aliquots, they must be double spun then aliquot 1.5 ml plasma from each tube into individual plastic aliquot tubes and freeze. Do not pool aliquots together! Do not thaw. Storage /Transport Temperature: CRITICAL FROZEN. Separate specimens must be submitted when multiple tests are ordered.</p> <p>Unacceptable Conditions: Serum. EDTA plasma or hemolyzed specimens.</p> <p>Specimen Stability: Ambient: Not Available, Refrigerated : Not Available, Frozen: at -20°C: 3 months, at -70°C: 6 months</p> | | | |

| GENERAL INFORMATION | |
|---------------------|--|
| Testing Schedule | Sun-Sat |
| Expected TAT | 2-3 Days |
| Clinical Use | Antigen testing is appropriate when a functional activity deficiency is present. If low, Total Protein S Antigen assesses the Protein S deficiency as Type I or III (IIa). |
| Notes | Labcorp Test Code: 164518 |
| CPT Code(s) | 85305 |
| Service Provided By |  labcorp Oklahoma, Inc. |