


Antiphospholipid Antibody Panel

Order Name: **PHOS PN AB**
Test Number: **5575075**
Revision Date: 10/08/2024

TEST NAME	METHODOLOGY	LOINC CODE
<u>PT with INR (Prothrombin Time) and aPTT (Activated Partial Thromboplastin Time)</u>	<u>Clot Detection</u>	See Panel Details
<u>Lupus Anticoagulant PTT Screen</u>	<u>Clot Detection</u>	34571-0
<u>Dilute Russell Viper Venom (DRVVT) Profile</u>	<u>Assay Dependant</u>	See Panel Details
<u>Cardiolipin Antibodies, IgM and IgG</u>	<u>Chemiluminescence Assay</u>	See Panel Details
<u>Beta-2-Glycoprotein IgG and IgM Antibody</u>	<u>Chemiluminescence Assay</u>	See Panel Details

SPECIMEN REQUIREMENTS				
Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	See Instructions	See Instructions	See Special Instructions	Frozen
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 the following tubes: Six to eight (2.7mL) 3.2% Sodium Citrate (Blue Top) Tubes. One (10mL) Clot Activator SST (Red/Gray Top) tube. (Serum specimen must be drawn within 72 hours of other specimens if not collected at the same time.) 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. If testing cannot be started within 4 hours of collection the specimen must be double spun then aliquot 1.5mL from each tube into individual plastic aliquot tubes and freeze. Specimen Stability: Plasma: Frozen 1 month, Refrigerated 4 hours, Room temperature N/A. Serum: Frozen 1 month, Refrigerated 48 hours, Room temperature 8 hours.</p> <p><u>Coagulopathy Questionnaire Form</u> <u>Double Spin Procedure</u></p>			

GENERAL INFORMATION	
Testing Schedule	Mon - Wed, Fri - Day Shift
Expected TAT	Testing Dependant
Clinical Use	Helpful in Screening for antiphospholipid syndrome (APS). Not recommended when patients are taking Pradaxa®, Xarelto® and Apixaban®
Notes	A pathology report will be provided if abnormal results are obtained during the initial testing.
CPT Code(s)	86147x2, 85730, 85610, 85705, 86146x2, 85613 (possible additional 85613 may be added) Initial Testing: PT, PTT, DRVVT, PTT-LA, Cardiolipin G/M, Beta 2 Glycoprotein. Possible Reflex Testing: Hepzyme, Thrombin Time, Hexagonal Phase Phospholipid, Inhibitor Screen.
Service Provided By	 Oklahoma, Inc.



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