

**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	<b>Please list the patient's anticoagulant on the "Coagulopathy Questionnaire Form" and submit with specimen or fax to 918-744-2897.</b> 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. <b>Whole blood must be transported to lab immediately.</b> <b>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.</b> <b>Specimen Stability:</b> Plasma: Frozen 1 month, Refrigerated 4 hours, Room temperature N/A. Serum: Frozen 1 month, Refrigerated 48 hours, Room temperature 8 hours.			
	<a href="#"><b>Coagulopathy Questionnaire Form</b></a> <a href="#"><b>Double Spin Procedure</b></a>			

**GENERAL INFORMATION**

Testing Schedule	Mon - Wed, Fri - Day Shift
Expected TAT	Testing Dependant
Clinical Use	Helpful in Screening for antiphospholipid syndrome (APS). <b>Not recommended when patients are taking Pradaxa®, Xarelto® and Apixaban®</b>
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	 <b>labcorp</b> Oklahoma, Inc.

