Lupus Anticoagulant Analyzer

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

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

Please list the patient's anticoagulant on the "Coagulopathy Questionnaire Form" and submit with specimen or fax to 918-744-2897.
Please collect both Serum and Plasma as indicated below:
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.**
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!
One: 5mL Clot Activator SST **C**entrifuge and Refrigerate the serum tube.
(Serum specimen must be drawn within 72 hours of other specimens if not collected at the same time.)

Coagulopathy Questionnaire Form
Double Spin Procedure

GENERAL INFORMATION

Testing Schedule	Mon - Wed, Fri - Day Shift
Expected TAT	Test Dependant
Clinical Use	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). **Not recommended when patients are taking Pradaxa®, Xarelto® and Apixaban® See More Information.** 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.

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**

Lab Section Coagulation