## **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 Centrifuge 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 |                  |   | to the proper level, no hemolysis. |  |

| 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 antiphospholipid 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. |  |

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## CPT Code(s)

## **Initial Testing**

| CPT CODES |
|-----------|
| 86146 x2  |
| 86147 x2  |
| 85613     |
| 85705     |
| 85610     |
| 85730     |
| 80503     |
|           |

## **Possible Additional Testing**

| CPT CODES |
|-----------|
| 85613     |
| 85613     |
| 85260     |
| 85270     |
| 85280     |
| 85210     |
| 85220     |
| 85240     |
| 85250     |
| 85384     |
| 857232    |
| 85611 x2  |
| 85732 x2  |
| 85732 x2  |
| 85379     |
| 85525     |
|           |

**Lab Section** 

Coagulation