Treponemal Antibody Analyzer

Order Name: **Treponemal AB AN**
Test Number: 5500607
Revision Date: 11/17/2025

TEST NAME	METHODOLOGY	LOINC CODE
Treponemal Antibody Analyzer	Chemiluminescence Assay	47236-5

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**3 mL (0.6 mL)**	**Serum**	**Clot Activator SST**	**Refrigerated**
Instructions	Stability: Ambient 3 days. Refrigerated 7 days. Frozen 30 days.			

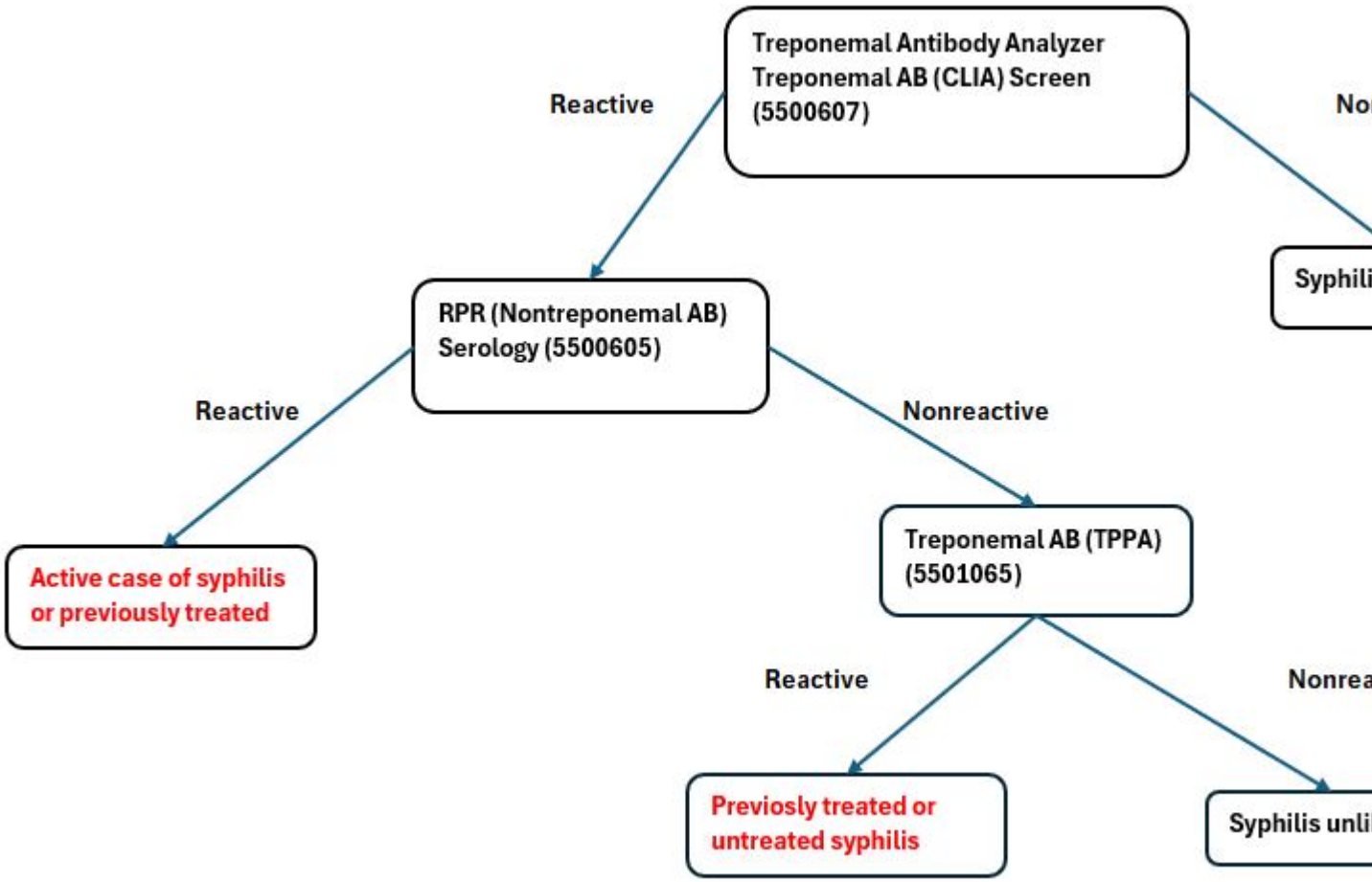
GENERAL INFORMATION

Testing Schedule Mon - Sat

Expected TAT 1-2 Days

Clinical Use

TREPONEMAL ANTIBODY (CLIA)	NON-TREPONEMAL (RPR)	TREPONEMAL ANTIBODY (TPPA)	RESULT LONG NAME
Non-Reactive	**Not Performed**	**Not Performed**	No laboratory evidence of syphilis. If recent exposure is suspected, submit a new sample for testing in 2-4 weeks
Reactive	**Non-Reactive**	**Non-Reactive**	If the Treponemal Antibody detected has a low antibody index (<4.05) by the CLIA method with the absence of confirmation by it is due to either a patient with a very early Syphilis infection or a false positive. The Treponemal Antibody assay using the CLIA method is more sensitive than either the Nontreponemal Antibody (RPR) or the TP is also a Treponemal Ab assay. The clinical history is key in determining whether it is a false positive or a very early stage of in recent exposure is suspected, submit a new sample for testing in 2-4 weeks; however, if the clinical suspicion is low, it is most positive, and no further testing is needed.
Reactive	**Reactive**	**Not performed**	Treponemal with Nontreponemal antibodies indicate a current or recent past infection. A thorough clinical evaluation is recomm for active signs and symptoms or a history of a recent infection. Approximately 84-90% of infected patients will remain positive for Treponemal antibody for life and the other 10-16% will be po years. Post-treatment monitoring should be performed using only the Nontreponemal antibody (RPR) assay to evaluate treatm
Reactive	**Non-Reactive**	**Reactive**	Only Treponemal antibodies detected, thus most likely consistent with past syphilis infection. Clinical evaluation should be perf current signs and symptoms or past history of infection. If past history of treatment is reported, no further management is need recent exposure is suspected, submit a new sample for testing in 2-4 weeks.



Notes	The **Treponemal Antibody Analyzer** screen reactive specimens will reflex to an **Non-Treponemal Antibody (RPR)** and titer (Test Code **5500605**), at additional char **Treponemal Antibody (RPR)** assay is performed to distinguish recent/active from past infection. A Non-Reactive **Non-Treponemal Antibody (RPR)** assay will reflex treponemal assay **Treponemal Antibodies, TPPA** (Test Code **5501065**), at additional charge(s). The presence of maternal Treponemal Antibody (Syphilis specific An can be detected up to 15-18 months. Therefore, only a **Non-Treponemal antibody** (RPR) [**5500605**] assay will be performed on babies <18 months.
CPT Code(s)	86780 (possible 86780 and 86592)
Lab Section	Immunology - Serology