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PATIENT REPORT

Patient Age/Sex: 46 years Female

Specimen Collected: 21-Dec-23 06:15

Lupus Anticoagulant Reflex Panel	**Received: 21-Dec-23 06:17**		**Report/Verified: 21-Dec-23 06:40**
Procedure	**Result**	**Units**	**Reference Interval**
Prothrombin Time (PT)	26.3 H	s	[12.0-15.5]
PTT-LA Ratio	1.52 H		[<=1.20]
dRVVT Screen Ratio	0.96		[<=1.20]
Anti-Xa Qualitative Interpretation	Not Present		[Not Present]
Thrombin Time (TT)	19.5	s	[<=19.5]
Anticoagulant Medication Neutralization	Not Performed		[Not Performed]
Neutralized PTT-LA Ratio	Not Performed		[<=1.20]
Neutralized dRVVT Screen Ratio	Not Performed		[<=1.20]
dRVVT 1:1 Mix Ratio	Not Performed		[<=1.20]
dRVVT Confirmation Ratio	Not Performed		[<=1.20]
Hexagonal Phospholipid Confirmation	17.8 H	s	[<=7.9]
Lupus Anticoagulant, Interpretation	See Note f1 i1		

B2glycoprotein I Abs, IgG and IgM	**Received: 21-Dec-23 06:17**		**Report/Verified: 21-Dec-23 06:41**
Procedure	**Result**	**Units**	**Reference Interval**
B2Glycoprotein 1,IgG Antibody	15	SGU	[<=20]
B2Glycoprotein 1,IgM Antibody	<10 i2	SMU	[<=20]

Cardiolipin Antibodies, IgG/IgM	**Received: 21-Dec-23 06:17**		**Report/Verified: 21-Dec-23 06:41**
Procedure	**Result**	**Units**	**Reference Interval**
Cardiolipin Antibody IgG	<10 i3	GPL	[<=14]
Cardiolipin Antibody IgM	28 H i4	MPL	[<=12]

Antiphospholipid Syndrome Reflex Panel	**Received: 21-Dec-23 06:17**		**Report/Verified: 21-Dec-23 06:41**
Procedure	**Result**	**Units**	**Reference Interval**
Testing Summary	See Note f2 i5		

Result Footnote

f1: Lupus Anticoagulant, Interpretation

Lupus anticoagulant detected.

This panel did not detect evidence for heparin, direct thrombin inhibitors, or direct Xa inhibitors and drug neutralization was not performed.

Testing on two or more occasions at least 12 weeks apart is recommended to confirm persistently positive results (J Thromb Haemost. 2020; 18:2828-2839). Lupus anticoagulant testing is best performed when the patient is not acutely ill and not anticoagulated since acute inflammation or high concentrations of anticoagulant medications may lead to erroneous results. Consider testing for cardiolipin and beta-2 glycoprotein 1 antibodies (IgG and IgM) if this testing has not already been performed.

Current guidelines vary regarding use of mixing studies for lupus anticoagulant identification. The interpretation of "lupus anticoagulant detected" was generated due to a prolonged aPTT and/or DRVVT that

*=Abnormal, #=Corrected, C=Critical, f=Result Footnote, H-High, i-Test Information, L-Low, t-Interpretive Text, @=Performing lab

Result Footnote

f1: Lupus Anticoagulant, Interpretation
demonstrated phospholipid dependence in the confirmatory assay(s). Multiple or severe factor deficiencies (including warfarin therapy) and specific factor inhibitors may result in false positive results in lupus anticoagulant assays. If clinically indicated, consider performing factor assays and/or specific factor inhibitor assays for further evaluation.

f2: Testing Summary

See individual results for interpretive data. Panel components include Beta-2 Glycoprotein 1 Antibodies, IgG and IgM (0050321); Cardiolipin Antibodies, IgG and IgM (0099344); and Lupus Anticoagulant Reflex Panel (3017009).

Test Information

i1: Lupus Anticoagulant, Interpretation
INTERPRETIVE INFORMATION: Lupus Anticoagulant Reflex Panel

This test was developed and its performance characteristics determined by ARUP Laboratories. It has not been cleared or approved by the U.S. Food and Drug Administration. This test was performed in a CLIA-certified laboratory and is intended for clinical purposes.

i2: B2Glycoprotein 1, IgM Antibody
INTERPRETIVE INFORMATION: B2Glycoprotein I, IgG and IgM Antibody

The persistent presence of IgG and/or IgM beta 2 glycoprotein I (B2GPI) antibodies is a laboratory criterion for the diagnosis of antiphospholipid syndrome (APS). Persistence is defined as moderate or high levels of IgG and/or IgM B2GPI antibodies detected in two or more specimens drawn at least 12 weeks apart (J Throm Haemost. 2006;4:295-306). B2GPI results greater than 20 SGU (IgG) and/or SMU (IgM) are considered positive based on the cutoff values established for this test. International reference materials and consensus units for anti-B2GPI antibodies have not been established (Clin Chim Acta. 2012;413(1-2):358-60; Arthritis Rheum. 2012;64(1):1-10.); results can be variable between different commercial immunoassays and cannot be compared. Strong clinical correlation is recommended for a diagnosis of APS. Low positive IgG and IgM B2GPI antibody levels should be interpreted in light of APS-specific clinical manifestations and/or other criteria phospholipid antibody tests.

i3: Cardiolipin Antibody IgG
INTERPRETIVE INFORMATION: Anti-Cardiolipin IgG Ab

<=14 GPL: Negative
15-19 GPL: Indeterminate
20-80 GPL: Low to Moderately Positive
81 GPL or above: High Positive

The persistent presence of IgG and/or IgM cardiolipin (CL) antibodies in moderate or high levels (greater than 40 GPL and/or greater than 40 MPL units) is a laboratory criterion for the diagnosis of antiphospholipid syndrome (APS). Persistence is defined as moderate or high levels of IgG and/or IgM CL antibodies detected in two

Test Information

i3: Cardiolipin Antibody IgG

or more specimens drawn at least 12 weeks apart (J Throm Haemost. 2006;4:295-306). Lower positive levels of IgG and/or IgM CL antibodies (above cutoff but less than 40 GPL and/or less than 40 MPL units) may occur in patients with the clinical symptoms of APS; therefore, the actual significance of these levels is undefined. Results should not be used alone for diagnosis and must be interpreted in light of APS-specific clinical manifestations and/or other criteria phospholipid antibody tests.

i4: Cardiolipin Antibody IgM

INTERPRETIVE INFORMATION: Anti-Cardiolipin IgM

<=12 MPL: Negative
13-19 MPL: Indeterminate
20-80 MPL: Low to Moderately Positive
81 MPL or above: High Positive

The persistent presence of IgG and/or IgM cardiolipin (CL) antibodies in moderate or high levels (greater than 40 GPL and/or greater than 40 MPL units) is a laboratory criterion for the diagnosis of antiphospholipid syndrome (APS). Persistence is defined as moderate or high levels of IgG and/or IgM CL antibodies detected in two or more specimens drawn at least 12 weeks apart (J Throm Haemost. 2006;4:295-306). Lower positive levels of IgG and/or IgM CL antibodies (above cutoff but less than 40 GPL and/or less than 40 MPL units) may occur in patients with the clinical symptoms of APS; therefore, the actual significance of these levels is undefined. Results should not be used alone for diagnosis and must be interpreted in light of APS-specific clinical manifestations and/or other criteria phospholipid antibody tests.

i5: Testing Summary

INTERPRETIVE INFORMATION: Antiphospholipid Syndrome Reflex Panel

See individual components

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