

DWC



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ANTI-PHOSPHOLIPID ANTIBODY TESTING

Patient:

DOB:

Indication for testing:

Laboratory Results: Lab: _____ Date: _____

Lupus Anticoagulant (*):

PT: (9.0 - 11.5 seconds)
PTT: (24.0 - 32.0 seconds)
Russell Viper Venom Titer: (\leq 1.2 Ratio)

Anti-Cardiolipin Antibodies(!):

IgG: (\leq 14 GPL)
IgM: (\leq 11 MPL)

Anti-B2 Glycoprotein 1 Antibodies(+):

IgG: (\leq 14 GPL)
IgM: (\leq 11 MPL)

Miyakis S, Lockshin MD, Atsumi T, Branch DW, Brey RL, Cervera R, et al. International consensus statement on an update of the classification criteria for definite antiphospholipid antibody syndrome (APS). J Thromb Haemost 2006;4:295-306.

- (*) Lupus Anticoagulant must be present on two occasions at least 12 weeks apart.
- (!) Anti-Cardiolipin Antibody, IgG or IgM, greater than 40 GPL or MPL or 99th percentile on two occasions at least twelve weeks apart.
- (+) Anti-B2 Glycoprotein Antibody, IgG or IgM, greater than 99th percentile on two occasions at least twelve weeks apart.

Reference

Antiphospholipid Syndrome. Practice Bulletin 132. American College of Obstetrician Gynecologists. Obstet Gynecol 2012;120:1514-21.