ANTI-PHOSPHOLIPID SCREEN (APS)

Description	This procedure provides instructions for the semi-quantitative measurement of Anti-Cardiolipin antibodies (ACA) and βeta-2-Glycoprotein 1 antibodies (β2GP1) in human citrated plasma and serum on the ACL AcuStar.
Indication	Anti-cardiolipin antibodies have been strongly associated with venous and arterial thrombosis particularly in recurrent unexplained thrombocytopenia, recurrent miscarriage, myocardial infarction and recurrent stroke.
Additional Info	Tests are performed in batches. The minimum detectable concentrations are: IgG 0.3 GPL U/ml and IgM 0.6 MPL U/ml
Concurrent Tests	ACA & B2GP1 are included in both LUPUS and THROMBOPHILIA screens.
Interpretation	The interpretation of ACA and β2GP1 results are usually in conjunction with Lupus Anticoagulant results and the patients clinical findings using the revised Sapporo classification. This classification states a patient can be diagnosed with APS if they have one or more of the clinical criteria which includes vascular thrombosis and/or pregnancy morbidity, along with the presence of LA and/or ACA (IgG or IgM) and/or aβ2GPI antibodies on two separate occasions at least 12 weeks apart. Results on the AcuStar are not affected by haemoglobin up to 500mg/dL, Bilirubin up to 18mg.dL, Triglycerides up to 1250mg/dL, Heparin (LMWH and UFH) up to 2 IU/mL and Rheumatoid factor (RF) up to 500 IU/mL. The possible interference of cryoglobulins should be considered in the interpretation of the aPL IgM results. The assays may also be affected by antinuclear antibodies (ANA) which should be considered during authorisation. The assays have not been validated for paediatric populations. Contamination or incorrect storage of standards or reagents will produce incorrect results.
Collection Conditions	Samples must be correctly filled as the ratio of anticoagulant to blood is necessary for accurate test results. Samples will be rejected by the laboratory if they are under or over filled. Samples should arrive in the laboratory within 4 hours of blood draw. Samples from external sites/hospitals should be separated and delivered frozen unless sent to the laboratory within 4 hours of blood draw.
Frequency Of Testing	Abnormal results should be repeated in 12 weeks or as required to monitor treatment.
Clinical AdviceContact	Haematology Registrar

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Document agreed by: