

Beta-2-Glycoprotein I Antibodies (IgG, IgA, IgM)

CPT Code: 86146 (x3)

Order Code: 30340

ABN Requirement: No

Specimen:

Preferred: Sodium Citrate Plasma

Alternative: Serum

Volume: 3.0 mL

Minimum Volume: 1.5 mL

Container:

Preferred: Sodium Citrate (Light Blue Top) Tube

Alternative: Gel-barrier tube (SST)

Collection:

Sodium Citrate Plasma:

1. Collect and label sample according to standard protocols. Fill the tube to the fill line.
2. Gently invert tube 5 times immediately after draw. Do not shake.
3. Centrifuge tube for 15 minutes at approximately 1500 x g within 60 minutes of collection.
4. Using a plastic pipette, remove plasma, taking care to avoid the WBC/platelet buffy layer and place into a plastic vial.
5. Centrifuge a second time and transfer platelet-poor plasma into a new plastic vial. Plasma must be free of platelets (<10,000/mcL).
6. Label plastic vial as "NaCit Plasma" and cap tightly. Discard original tube.

Serum:

1. Collect and label sample according to standard protocols.
2. Gently invert tube 5 times immediately after draw. Do not shake.
3. Allow blood to clot 30 minutes.
4. Centrifuge for 15 minutes at approximately 1500 x g within 60 minutes of collection.

Transport: Store specimen at 2°C to 8°C after collection and ship the same day per packaging instructions included with the provided shipping box.

Stability:

Ambient (15-25°C): 5 days

Refrigerated (2-8°C): 14 days

Frozen (-20°C): 30 days

Causes for Rejection: Improper labeling; samples not stored properly; samples older than stability limits; gross hemolysis; gross lipemia

Methodology: Immunoassay (IA)

Turn Around Time: 5 to 7 days

Reference Range:

Clinical Significance: Beta-2-Glycoprotein 1 (also known as apolipoprotein H), is a cofactor in antiphospholipid antibody binding and is the critical antigen in the antiphospholipid antibody syndrome. The presence of high titer IgG/IgM beta-2-glycoprotein 1 antibodies is one criteria for the diagnosis of antiphospholipid antibody syndrome.

The CPT codes provided are based on AMA guidelines and are for informational purposes only. CPT coding is the sole responsibility of the billing party. Please direct any questions regarding coding to the payer being billed.