Cardiolipin Antibody (IgA)

CPT Code: 86147
Order Code: 4661
ABN Requirement: No
Specimen:
      Preferred: Sodium Citrate Plasma
      Alternate: Serum
Volume: 1.0 mL
Minimum Volume: 0.5 mL
Container:
      Preferred: Sodium Citrate (Light Blue Top) Tube
Alternate: Gel-barrier (SST, Tiger Top) Tube

Collection:

Sodium Citrate Plasma:

1. Collect and label sample according to standard protocols. Fill sodium citrate tube to the fill line.
2. Gently invert tube 5 times immediately after draw. DO NOT SHAKE.
3. Centrifuge for 10 minutes.
4. Immediately aliquot sodium citrate plasma into transport tube labeled as "NaCit Plasma" and cap rightly. 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 10 minutes.

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: Specimens other than sodium citrate plasma or serum; improper labeling; samples not stored properly; samples older than stability limits; gross hemolysis; gross lipemia

Methodology: Immunoassay (IA)

Turn Around Time: 2 to 3 days

Reference Range:

Clinical Significance: Cardiolipin antibodies (CA) are seen in a subgroup of patients with autoimmune disorders, particularly Systemic Lupus Erythematosus (SLE), who are at risk for vascular thrombosis, thrombocytopenia, cerebral infarct and/or recurrent spontaneous abortion. Elevations of CA associated with increased risk have also been seen in idiopathic thrombocytopenic purpura, rheumatoid and psoriatic arthritis, and primary Sjögren's 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.