

August 22, 2022

IMMUNOLOGY

Anti-Phospholipid Profile

Date effective: September 1, 2022

Clinical Practice Change:

The Shared Health Immunology Laboratory at St Boniface Hospital will be changing its testing platform for workup of Anti-Phospholipid Syndrome.

Background Information:

The laboratory criteria for diagnosis of APS are the presence of lupus anticoagulant and/or the presence of anti-cardiolipin antibody and/or anti- β 2-Glycoprotein 1 antibody. Antibodies must be demonstrated on 2 or more occasions separated by at least 12 weeks. Only IgG and IgM antibodies are tested as IgA antibodies lack specificity.

Results should not be used alone for diagnosis and must be interpreted within clinical context.

Changes in Test Procedure:

Testing methodology will be changing from BioPlex multiplex to ELISA.

References/Resources:

Test: Anti-Phospholipid Profile Laboratory Information Manual - APHL

Delphic Code: APHL

Sample: Serum 1.0 ml

Normal Range: Anti-β2-Glycoprotein 1 (IgG and IgM): 0 - 19 RU/ml

Anti-Cardiolipin (IgG and IgM): 0 - 11 PL-IgG(M)-U/ml

Availability: Weekdays (5-7day TAT)

Requisition: Immunology Autoimmune Laboratory Requisition

Patient Impact:

Comparative studies and interlaboratory proficiency surveys indicate that results of phospholipid antibody tests can be highly variable and results obtained with different commercial immunoassays may yield substantially different results. Any positive results obtained on the Bioplex analyzer that will be at the 12 week retest after Sept 1, 2022 cannot be compared and cannot be used for diagnosis and must be re-baselined.

System Improvements:

Less cross-reactivity compared to current method.

Contact Information:

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