INDICATIONS FOR TESTING

Vascular thrombosis
- 1 or more clinical episodes of arterial, venous, or small vessel thrombosis

Unexplained pregnancy loss defined as:
- 1 or more unexplained deaths of a morphologically normal fetus beyond the 10th week of gestation
- 1 or more premature births of a morphologically normal neonate before the 34th week of gestation due to eclampsia or severe preeclampsia or recognized features of placental insufficiency
- 3 or more unexplained, consecutive, spontaneous abortions before the 10th week of gestation, and with maternal anatomic or hormonal abnormalities and paternal and maternal chromosomal causes excluded

Additional indications for testing may also include the presence of endocarditis, systemic lupus erythematosus, cardiac valve disease, livedo reticularis, thrombocytopenia, hemolytic anemia, thrombotic microangiopathy, cognitive dysfunction without stroke, or aPL antibody-related nephropathy

ORDER
- Lupus Anticoagulant Reflexive Panel
- Cardiolipin Antibodies, IgG and IgM
- Beta-2 Glycoprotein I Antibodies, IgG and IgM

All negative

Strong suspicion of APS still present

At least 1 test positive

Possible APS
Repeat testing in 12 weeks

All negative

At least 1 test positive and at least 1 clinical criterion met

APS confirmed

ORDER
- Phosphatidylserine and Prothrombin Antibodies, IgG and IgM
- Phosphatidylserine Antibodies, IgG and IgM
- Prothrombin Antibody, IgG
- Cardiolipin Antibody, IgA
- Beta-2 Glycoprotein 1 Antibody, IgA

All negative

At least 1 test positive

Noncriteria APS antibodies identified
- Consider repeat testing in 12 weeks to demonstrate persistence
- Consider referral to a specialist

References