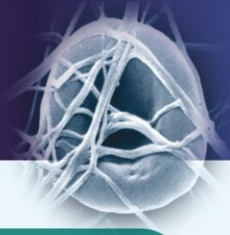


# LA ASSESSMENT

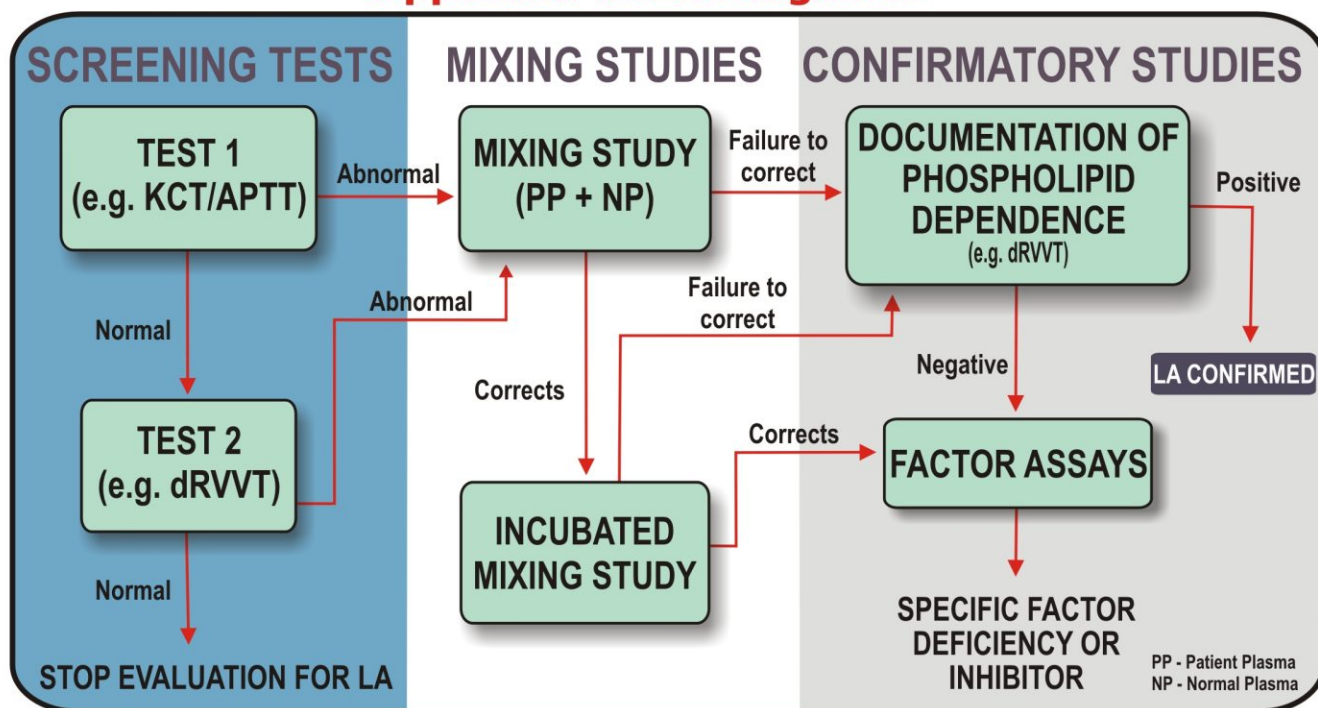


## \*Criteria For LA Diagnosis

- Prolongation of at least one phospholipid dependent clotting assay
- Evidence of inhibitory activity shown by effect of patient plasma on pooled normal plasma
- Evidence that the inhibitory activity is dependant on Phospholipid
- Lack of specific inhibition of any one coagulation factor

\*Criteria for diagnosis of LA, An update on behalf of the Sub Committee on Lupus Anticoagulant / Antiphospholipid Antibody of the Scientific and Standardization Committee of the ISTH, Thrombosis and Haemostasis, John T. Brandt, Douglas A. Triplett, Barbara Alving, Inge Scharer, 74(4) 1185-90 (1995)

## Approach To LA Diagnosis



## Recommendations

- Use as platelet free plasma as possible (platelet count < 10 x 10<sup>9</sup>/L) for testing.
- Use two or more screening tests with different assay principles to screen for LA before excluding diagnosis. At least one test should be based on a low Phospholipid concentration (eg. KCT, dRVVT).
- Document inhibitor activity by effect of patient plasma on pooled normal plasma.
- Perform confirmatory tests to document the Phospholipid dependence of the inhibitor.
- Confirmatory assays should be based on the method giving an abnormal screening assay.
- Perform routine clotting tests such as PT, APTT to evaluate the possibility of other coagulation disorders that may interfere with LA methodology.
- Assays such as anti-cardiolipin antibodies should not be considered as confirmatory procedure for LA activity.
- Perform factor assays whenever specific factor deficiency or inhibitor is suspected.

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