



## New Test Form

**Test Name:** Platelet Glycoproteins, Direct & Indirect Abs      **Test #:** 464

**Methodology:** EIA

**Normal Range:** Negative

**Specimen Requirements:** Two 7 or 10 mL tubes whole blood from EDTA (purple top) or Heparin (green top) at room temperature. Do not spin.

**Clinical Utilities:** Detect platelet abs eluted from patient's platelets. Auto-immune thrombocytopenic purpura (AITP) is one of the most common causes of immune thrombocytopenia. AITP is characterized by the destruction of platelets caused by abs directed against surface antigens and increased platelet clearance by the reticuloendothelial system. The syndrome can be primary or secondary to auto-immune disorders such as systemic lupus erythematosus (SLE) and antiphospholipid syndrome (APS). When APS is associated with thrombocytopenia, about 70% of patients have platelet abs. The abs can be platelet associated (Direct) or serum platelet (Indirect) immunoglobulins against platelet glycoproteins: IIb/IIIa, Ib/IX and Ia/IIa. Platelet associated (Direct) ab determined by flow cytometry is a sensitive technique, but not specific for the diagnosis of AITP, probably related to the inability of the assay to distinguish between specific binding of the ab to platelet antigen versus non-specific binding. The platelet-associated abs by EIA are detected in about 72% of selected patients with AITP and serum platelet (Indirect) abs are detected less frequently, sensitivities of 50% and specificities of 80%.

**CPT Code:** 86022 X 6