

Protein S Antigen, Total

Order Name: **PROT S AG**

Test Number: 1503400

Revision Date: 12/12/2022

TEST NAME	METHODOLOGY	LOINC CODE
Protein S Antigen, Total	Quantitative Immunoturbidimetric	27823-4

SPECIMEN REQUIREMENTS				
Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	1.5mL (1)	Double Spun Plasma	Sodium Citrate 3.2% (Blue Top)	Ambient whole blood or frozen aliquots
Instructions	<p><b>Please indicate anticoagulant therapy.</b></p> <p><b>Specimen Type:</b> Blue-top (sodium citrate) tube</p> <p><b>Specimen Storage:</b> FREEZE</p> <p><b>Specimen Collection:</b> Collect properly filled Sodium Citrate 3.2% (Blue Top) tube. When sending citrated plasma aliquots, they must be double spun then aliquot 1.5 ml plasma from each tube into individual plastic aliquot tubes and freeze. Do not pool aliquots together! Do not thaw. Storage /Transport Temperature: <b>CRITICAL FROZEN</b>. Separate specimens must be submitted when multiple tests are ordered.</p> <p><b>Unacceptable Conditions:</b> Serum. EDTA plasma or hemolyzed specimens.</p> <p><b>Specimen Stability:</b> Ambient: Not Available, Refrigerated : Not Available, Frozen: at -20°C: 3 months, at -70°C: 6 months</p>			

GENERAL INFORMATION	
Testing Schedule	Sun-Sat
Expected TAT	2-3 Days
Clinical Use	Antigen testing is appropriate when a functional activity deficiency is present. If low, Total Protein S Antigen assesses the Protein S deficiency as Type I or III (IIa).
Performing Labcorp Test Code	164518
Notes	Labcorp Test Code: 164518
CPT Code(s)	85305
Lab Section	Reference Lab