

**Southern Nevada Public Health Laboratory**  
**TEST MENU**

## Syphilis Antibody, Total

<b>Method</b>	Multiplex Bead Immunoassay <b>Reflex to RPR, RPR titer and TP-PA for confirmation if reactive or equivocal</b>
<b>CPT Code</b>	86780 Syphilis IgG & IgM
<b>Specimen</b>	Serum (preferred) - Required specimen volume: 2-4 mL Minimum specimen volume: 1 mL serum Plasma – Tube with anticoagulant (full), minimum: 1 mL plasma
<b>Collect in</b>	<b>Serum:</b> vacutainer tube with or without gel. <b>Serum is the preferred specimen.</b> <b>Processing Serum:</b> Allow blood to completely clot (usually within 30 minutes). Serum may then be separated by centrifugation for 15 minutes at the speed recommended by the manufacturer. Vacutainer without gel: Separate serum from cells into an appropriately labeled tube Vacutainer with gel: Does not require removing serum into a separate tube.
<b>Labeling</b>	Label transport tube with patient's first and last name or coded identification number. Record date and time collected on the tube.
<b>Processing</b>	<b>Processing Serum:</b> Allow blood to completely clot (usually within 30 minutes). Serum may then be separated by centrifugation for 15 minutes at the speed recommended by the manufacturer. <i>Vacutainer without gel:</i> Separate serum from cells into an appropriately labeled tube <i>Vacutainer with gel:</i> Does not require removing serum into a separate tube.
<b>Transport</b>	Serum – Store and transport refrigerated (2-8 degrees C) within seven days. Plasma – Specimens must be transported to the lab and tested within 48 hours
<b>Sample Rejection</b>	-Gross Hemolysis -Bacterial contaminated serum -Specimen quantity not sufficient for testing (QNS) -Mislabelled/Unlabeled specimen
<b>Requisition</b>	<a href="#">SNPHL Request Forms</a> Testing is performed only at the request of SNHD
<b>Turn Around Time</b>	24-48 hours following receipt in our laboratory
<b>Results</b>	Non-Reactive Reactive Equivocal
<b>Reported</b>	System generated fax; Electronic transmission
<b>Note</b>	Detection of treponemal antibodies may indicate recent, past, or successfully treated syphilis infections. Therefore, the test cannot be used to differentiate between active and cured cases. False positive results may occur with yaws or pinta. AIDS patients with impaired immunity and who are coinfecting with syphilis may react falsely nonreactive in treponemal and nontreponemal tests. A non-reactive Syphilis IgG does not preclude the possibility of recent (10 years) infection with <i>T. pallidum</i> .
<b>Contact</b>	Southern Nevada Public Health Laboratory – Clinical Laboratory Section