

**Table V. Diagnostic criteria for antiphospholipid syndrome**

<b>Criteria</b>	<b>Definitions</b>
	<b>Clinical criteria</b>
Vascular events	One or more objectively confirmed symptomatic episodes of arterial, venous, or small vessel thrombosis. Histopathologic specimens must demonstrate thrombosis in the absence of vessel wall inflammation to qualify.
Pregnancy morbidity	One or more unexplained fetal deaths at or beyond the 10th week of pregnancy with normal fetal morphology, or One or more premature births of a morphologically normal neonate before the 34th week of pregnancy due to eclampsia or severe preeclampsia or placental insufficiency, or Three or more unexplained consecutive spontaneous abortions before the 10th week of gestation in the absence of maternal anatomic, chromosomal, or hormonal abnormalities or paternal chromosomal abnormalities.
	<b>Laboratory criteria</b>
Lupus anticoagulant	Positive test for a lupus anticoagulant using a phospholipid-dependent clotting assay (aPTT, dilute Russell Viper venom assay, Kaolin clotting time, dilute PT) with evidence of phospholipid dependence present on two or more occasions at least 12 weeks apart.
Anticardiolipin antibody	IgG or IgM Anticardiolipin antibody measured using a standardized ELISA that is present in medium or high titer (that is, >40 GPL or MPL, or > the 99th percentile), on two or more occasions, at least 12 weeks apart.
Beta2 glycoprotein 1 antibody	Anti-beta-2 glycoprotein-I IgG or IgM antibody measured using a standardized ELISA that is present in high titer (> the 99th percentile), on two or more occasions, at least 12 weeks apart.

**Abbreviations:** aPTT - activated partial thromboplastin time, PT - prothrombin time, IgG – immunoglobulin G, IgM – immunoglobulin M, GPL - IgG phospholipid titer, mpl - IgM phospholipid titer.

**Compiled from:** Miyakis S, et al. J Thromb Haemost. 2006.