ARUP Laboratories
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Director of Laboratories

*****Example Report*****

Patient Age/Gender: 50 years Male
Printed: 12-Dec-16 14:15:11

Procedure	Result	Units	Ref Interval	Accession	Collected	Received	Reported/ Verified
PM/Scl 100 Antibody, IgG	Negative		[Negative]	16-345-900012	10-Dec-16 10:47:00	10-Dec-16 10:47:00	10-Dec-16 11:00:02
Fibrillarin (U3 RNP) Ab, IgG	**Positive** *		[Negative]	16-345-900012	10-Dec-16 10:47:00	10-Dec-16 10:47:00	10-Dec-16 11:00:02
Scleroderma (Scl-70) (ENA) Antibody, IgG	0	AU/mL	[0-40]	16-345-900012	10-Dec-16 10:47:00	10-Dec-16 10:47:00	10-Dec-16 11:00:02
RNA Polymerase III Antibody, IgG	7	Units	[0-19]	16-345-900012	10-Dec-16 10:47:00	10-Dec-16 10:47:00	10-Dec-16 11:00:02
Anti-Nuclear Antibody (ANA) by IFA, IgG	**1:40** *			16-345-900012	10-Dec-16 10:47:00	10-Dec-16 10:47:00	10-Dec-16 10:56:56

10-Dec-16 10:47:00 Anti-Nuclear Antibody (ANA) by IFA, IgG
Nucleolar pattern observed. Additional testing to follow.

10-Dec-16 10:47:00 PM/Scl 100 Antibody, IgG:
INTERPRETIVE INFORMATION: PM/Scl-100 Antibody, IgG by Immunoblot
The presence of PM/Scl-100 IgG antibody along with a positive ANA IFA nucleolar pattern is associated with connective tissue diseases such as polymyositis (PM), dermatomyositis (DM), systemic sclerosis (SSc), and polymyositis/systemic sclerosis overlap syndrome. The clinical relevance of PM/Scl-100 IgG antibody with a negative ANA IFA nucleolar pattern is unknown. PM/Scl-100 is the main target epitope of the PM/Scl complex, although antibodies to other targets not detected by this assay may occur.

Test developed and characteristics determined by ARUP Laboratories. See Compliance Statement D: aruplab.com/CS

10-Dec-16 10:47:00 Fibrillarin (U3 RNP) Ab, IgG:
Interpretive Information: Fibrillarin (U3 RNP) Antibody, IgG

The presence of fibrillarin (U3-RNP) IgG antibodies in association with an ANA IFA nucleolar pattern is suggestive of systemic sclerosis (SSc). In SSc, these antibodies are associated with distinct clinical features, such as younger age at disease onset, frequent internal organ involvement (pulmonary hypertension, myositis and renal disease). Fibrillarin antibodies are detected more frequently in African American patients with SSc compared to other ethnic groups. Strong correlation with ANA IFA results is recommended.

In a multi-ethnic cohort of SSc patients (n=98), U3-RNP antibodies detected by immunoblot had an agreement of 98.9 percent with the gold standard immunoprecipitation (IP) assay. Approximately 71 percent (5/7) of the borderline U3-RNP results with ANA nucleolar pattern in this cohort were IP negative.

Test developed and characteristics determined by ARUP Laboratories. See Compliance Statement D: aruplab.com/CS

10-Dec-16 10:47:00 Scleroderma (Scl-70) (ENA) Antibody, IgG:
INTERPRETIVE INFORMATION: Scleroderma (Scl-70) (ENA) Ab, IgG

29 AU/mL or Less ..... Negative
30 - 40 AU/mL ..... Equivocal

***** Abnormal, **#** = Corrected, **C** = Critical, **f** = Footnote, **H** = High, **L** = Low, **t** = Interpretive Text, **@** = Reference Lab

41 AU/mL or Greater ..... Positive

The presence of Scl-70 antibodies (also referred to as topoisomerase I, topo-I or ATA) is considered diagnostic for systemic sclerosis (SSc). Scl-70 antibodies alone are detected in about 20 percent of SSc patients and are associated with the diffuse form of the disease, which may include specific organ involvement and poor prognosis. Scl-70 antibodies have also been reported in a varying percentage of patients with systemic lupus erythematosus (SLE). Scl-70 (topo-1) is a DNA binding protein and anti-DNA/DNA complexes in the sera of SLE patients may bind to topo-I, leading to a false-positive result. The presence of Scl-70 antibody in sera may also be due to contamination of recombinant Scl-70 with DNA derived from cellular material used in immunoassays. Strong clinical correlation is recommended if both Scl-70 and dsDNA antibodies are detected.

Negative results do not necessarily rule out the presence of SSc. If clinical suspicion remains, consider further testing for centromere, RNA polymerase III and U3-RNP, PM/Scl, or Th/To antibodies.

10-Dec-16 10:47:00 RNA Polymerase III Antibody, IgG:
INTERPRETIVE INFORMATION: RNA Polymerase III Antibody, IgG

19 Units or less ......Negative
20 - 39 Units .....Weak Positive
40 - 80 Units .....Moderate Positive
81 Units or greater ...Strong Positive

The presence of RNA polymerase III IgG antibodies is considered diagnostic of systemic sclerosis (SSc). RNA polymerase III IgG antibodies occur in about 11-23 percent of SSc patients, and typically in the absence of anti-centromere and anti-Scl-70 antibodies. The presence of RNA polymerase III IgG antibodies may be predictive of an increased risk of skin involvement and hypertensive renal failure associated with the diffuse cutaneous form of SSc.

A negative result indicates no detectable IgG antibodies to the dominant antigen of RNA polymerase III and does not rule out the possibility of SSc. False-positive results may also occur due to non-specific binding of immune complexes. Strong clinical correlation is recommended.

If clinical suspicion remains, consider additional testing for other antibodies associated with SSc, including centromere, Scl-70, U3-RNP, PM/Scl, or Th/To.

10-Dec-16 10:47:00 Anti-Nuclear Antibody (ANA) by IFA, IgG:

Anti-nuclear antibodies (ANA) are seen in a variety of systemic rheumatic diseases and are determined by indirect fluorescence assay (IFA) using HEp-2 substrate with an IgG-specific conjugate. ANA titers less than or equal to 1:80 have variable relevance while titers greater than or equal to 1:160 are considered clinically significant. These antibodies may precede clinical disease onset; however, healthy individuals and those with advanced age have been reported to be positive for ANA. When observed, one of the five basic patterns is reported: homogeneous, peripheral/rim, speckled, centromere, or nucleolar. If cytoplasmic fluorescence is observed, it is noted. IFA methodology is subjective and has occasionally been shown to lack sensitivity for anti-SSA/Ro antibodies.