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

Patient Age/Gender: Unknown Unknown
Printed: 16-Oct-18 16:05:41

Procedure	Result	Units	Ref Interval	Accession	Collected	Received	Reported/ Verified
Scleroderma (Scl-70) (ENA) Antibody, IgG	**41 H**	AU/mL	[0-40]	18-289-900142	16-Oct-18 14:43:00	16-Oct-18 14:43:00	16-Oct-18 15:12:20
RNA Polymerase III Antibody, IgG	**25 H**	Units	[0-19]	18-289-900142	16-Oct-18 14:43:00	16-Oct-18 14:43:00	16-Oct-18 15:12:20
Antinuclear Antibody (ANA), HEp-2, IgG	**Detected ***		[<1:80]	18-289-900142	16-Oct-18 14:43:00	16-Oct-18 14:43:00	16-Oct-18 15:12:20
ANA Pattern	Homogenous			18-289-900142	16-Oct-18 14:43:00	16-Oct-18 14:43:00	16-Oct-18 15:12:28
ANA Titer	**1:640 ***			18-289-900142	16-Oct-18 14:43:00	16-Oct-18 14:43:00	16-Oct-18 15:12:28
ANA Pattern 2	**Nuclear Dot ***			18-289-900142	16-Oct-18 14:43:00	16-Oct-18 14:43:00	16-Oct-18 15:12:32
ANA Titer 2	**1:160 ***			18-289-900142	16-Oct-18 14:43:00	16-Oct-18 14:43:00	16-Oct-18 15:12:30
Cytoplasmic Pattern Titer	**1:80 ***			18-289-900142	16-Oct-18 14:43:00	16-Oct-18 14:43:00	16-Oct-18 15:12:29
ANA Interpretive Comment	See Note			18-289-900142	16-Oct-18 14:43:00	16-Oct-18 14:43:00	16-Oct-18 15:12:20

16-Oct-18 14:43:00 ANA Interpretive Comment

Homogeneous Pattern
Clinical associations: SLE, drug-induced SLE or JIA.
Main autoantibodies: Anti-dsDNA, anti-histones or anti-chromatin (anti-nucleosome)

Nuclear Dots Pattern
Clinical associations: PBC, DM, SjS, SLE, SSc, PM
Main autoantibodies: Anti-NXP-2, anti-Sp100

Cytoplasmic Pattern
Clinical associations: ARS, ILD, IM, SLE, SSc,, SjS,RA,MCTD, PBC, AIH, infectious, neurologic, and other inflammatory conditions. May also be found in healthy individuals
Main autoantibodies: Anti-Ribosomal P, anti-tRNA synthetase (anti-Jo-1, anti-PL-7, anti-PL-12, anti-EJ, anti-OJ), anti-signal recognition particle (anti-SRP) or anti-mitochondria (anti-AMA)

Clinical Relevance
Antisynthetase syndrome (ARS), chronic active hepatitis (CAH), inflammatory myopathies (IM) [dermatomyositis (DM), polymyositis (PM), necrotizing autoimmune myopathy (NAM)], interstitial lung disease (ILD), juvenile idiopathic arthritis (JIA), mixed connective tissue disease (MCTD), primary biliary cholangitis (PBC), rheumatoid arthritis (RA), systemic autoimmune rheumatic diseases (SARD), Sjogren syndrome (SjS), systemic lupus erythematosus (SLE), systemic sclerosis (SSc), undifferentiated connective tissue disease (UCTD).

16-Oct-18 14:43:00 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
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.

16-Oct-18 14:43:00 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.

16-Oct-18 14:43:00 ANA Interpretive Comment:
INTERPRETIVE INFORMATION: ANA Interpretive Comment

Presence of antinuclear antibodies (ANA) is a hallmark feature of systemic autoimmune rheumatic diseases (SARD). ANA lacks diagnostic specificity and is associated with a variety of diseases (cancers, autoimmune, infectious, and inflammatory conditions) and may also occur in healthy individuals in varying prevalence. The lack of diagnostic specificity requires confirmation of positive ANA by more-specific serologic tests. ANA (nuclear reactivity) positive patterns reported include centromere, homogeneous, nuclear dots, nucleolar, or speckled. Cytoplasmic pattern is reported as ANA negative. All patterns are reported to endpoint titers (1:2560). Reported patterns may help guide differential diagnosis, although they may not be specific for individual antibodies or diseases. Negative results do not necessarily rule out SARD.