



<u>Procedure</u>	<u>Result</u>	<u>Units</u>	<u>Ref Interval</u>	<u>Accession</u>	<u>Collected</u>	<u>Received</u>	<u>Reported/Verified</u>
Anti-Nuclear Ab (ANA), IgG by ELISA	<b>Detected *f</b>		[None Detected]	19-168-900038	17-Jun-19 10:13:00	17-Jun-19 10:14:00	17-Jun-19 10:14:59
Antinuclear Antibody (ANA), HEp-2, IgG	<b>Detected *</b>		[<1:80]	19-168-900038	17-Jun-19 10:13:00	17-Jun-19 10:14:00	17-Jun-19 10:15:40
ANA Pattern	<b>Homogeneous *</b>			19-168-900038	17-Jun-19 10:13:00	17-Jun-19 10:14:00	17-Jun-19 10:15:46
ANA Titer	<b>1:320 *</b>			19-168-900038	17-Jun-19 10:13:00	17-Jun-19 10:14:00	17-Jun-19 10:15:45
ANA Interpretive Comment	See Note			19-168-900038	17-Jun-19 10:13:00	17-Jun-19 10:14:00	17-Jun-19 10:15:40

17-Jun-19 10:13:00 ANA Interpretive Comment  
 Homogeneous Pattern  
 Clinical associations: SLE, drug-induced SLE or JIA.  
 Main autoantibodies: Anti-dsDNA, anti-histones or anti-chromatin (anti-nucleosome)

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).

17-Jun-19 10:13:00 Anti-Nuclear Ab (ANA), IgG by ELISA:

Antibodies to Anti-Nuclear Antibodies (ANA) detected. Additional testing to follow.

17-Jun-19 10:13:00 Anti-Nuclear Ab (ANA), IgG by ELISA:  
 INTERPRETIVE INFORMATION: Anti-Nuclear Antibodies (ANA), IgG by ELISA

Antinuclear Antibodies (ANA), IgG by ELISA: ANA specimens are screened using enzyme-linked immunosorbent assay (ELISA) methodology. All ELISA results reported as Detected are further tested by indirect fluorescent assay (IFA) using HEp-2 substrate with an IgG-specific conjugate. The ANA ELISA screen is designed to detect antibodies against dsDNA, histones, SS-A (Ro), SS-B (La), Smith, Smith/RNP, Scl-70, Jo-1, centromeric proteins, other antigens extracted from the HEp-2 cell nucleus. ANA ELISA assays have been reported to have lower sensitivities than ANA IFA for systemic autoimmune rheumatic diseases (SARD).

Negative results do not necessarily rule out SARD.

17-Jun-19 10:13:00 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.

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

