

Patient Name	: Ms Dummy	Bill Date	: Feb 10, 2024, 11:51 AM
DOB/Age/Gender	: 59 Y/Female	Sample Collected	: Feb 11, 2024, 08:55 AM
Patient ID / UHID	: XXX	Sample Received	: Feb 11, 2024, 12:07 PM
Referred By	: Dr.	Report Date	: Feb 12, 2024, 06:24 PM
Sample Type	: Serum	Report Status	: Final Report
Barcode No	: XXX		

Test Description	Value(s)	Unit(s)	Reference Range
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SEROLOGY AND IMMUNOLOGY REPORT

Extractable Nuclear Antigen (ENA) / ANA Panel, Qualitative (17 Antigens)

Mi-2 Method : Immunoblot (Sample screening dilution is 1:101)	Negative	Negative
Ku Method : Immunoblot (Sample screening dilution is 1:101)	Negative	Negative
U1-nRNP/Sm Method : Immunoblot (Sample screening dilution is 1:101)	Negative	Negative
Sm Method : Immunoblot (Sample screening dilution is 1:101)	Negative	Negative
SS-A(RO) Method : Immunoblot (Sample screening dilution is 1:101)	Negative	Negative
Ro- 52 Method : Immunoblot (Sample screening dilution is 1:101)	Negative	Negative
SS-B/La Method : Immunoblot (Sample screening dilution is 1:101)	Negative	Negative
Scl - 70 Method : Immunoblot (Sample screening dilution is 1:101)	Negative	Negative
PM-Scl Method : Immunoblot (Sample screening dilution is 1:101)	Negative	Negative
Jo - 1 Method : Immunoblot (Sample screening dilution is 1:101)	Negative	Negative
CENP-B Method : Immunoblot (Sample screening dilution is 1:101)	Negative	Negative
PCNA Method : Immunoblot (Sample screening dilution is 1:101)	Negative	Negative
ds-DNA Method : Immunoblot (Sample screening dilution is 1:101)	Negative	Negative
Nucleosomes Method : Immunoblot (Sample screening dilution is 1:101)	Negative	Negative
Histones Method : Immunoblot (Sample screening dilution is 1:101)	Negative	Negative
Rib- P Protein Method : Immunoblot (Sample screening dilution is 1:101)	Negative	Negative
AMA- M2 Method : Immunoblot (Sample screening dilution is 1:101)	Negative	Negative

Interpretation:

Test Description	Disease association
Mi-2	Dermatomyositis(15-30%) Idiopathic myositis(8-12 %)
Ku	SLE/SS(10-40 %) Myositis(40%)



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Processing Lab :- Redcliffe Lifetech Pvt. Ltd., H-55, Sector-63, Noida, Uttar Pradesh - 201301

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All Lab results are subject to clinical interpretation by qualified medical professional and this report is not subject to use for any medico-legal purpose.

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U1-nRNP/Sm	Sharp syndrome(95%) SLE (15 - 40%) Poly- /dermatomyosities (12-16%) SS (2-12%)		
Sm	SLE (15- 40%) - highly specific (> 90%)		
SS-A (RO)	Sjogren syndrome(40-95%),SLE (20-60%)		
Ro 52	Neonatal lupus erythematosus NLE (95-100%)		
SS-B (La)	Sjogren syndrome (40-90%), SLE (10-20%) NLE(75%)		
Scl-70	SS(25 - 75%) - diffuse form (40 - 65%), & limited form (5 - 15%)		
PM-Sc	SS including overlap syndrome (10-20%) polymyositis(18%)		
Jo-1	Polymyositis/dermatomyositis (25-35%)		
CENP B, Centromeres	SS, limited from 80 - 95%,& diffuse form (8%) Primary biliary cirrhosis (10 - 30%)		
PCNA	SLE(3%)		
Double-stranded DNA	SLE (40-90%)		
Nucleosomes	SLE(40-70%)		
Histones	Drug induced LE (95 - 100%), SLE(50%) Rheumatoid arthritis (15 - 50%)		
Ribosomal PProtein	Drug induced LE (95 - 100%), SLE(50%) Rheumatoid arthritis (15 - 50%)		
AMA-M2 (Mitochondrial)	Primary biliary cirrhosis (>90%)		

COMMENTS

- Immunoblot assay detects selected 17 ANAs which are most important & clinically relevant. However, in general, ANA includes many autoantibodies directed towards many nuclear(DNA & nucleoplasm) & cytoplasmic antigens, which are maximally screened & detected by using Hep-2 cells in indirect immunofluorescence method, but, not all of these are always clinically relevant antibodies. Hence, there is a possibility of patients having ANA positive by indirect immunofluorescence method but negative results on immunoblot. Also note that Immunoblot assay is more sensitive for Ro52/SSa, Scl 70, while poorly sensitive for DsDNA, hence such patients require further follow-up with nonspecific ELISAs based on clinical correlation for exact categorisation & diagnosis.
- In case of weak Positive results repeat testing after 4-6 weeks or further testing with Monospecific Nuclear Antigens or Panels for confirmation of specific Autoantibodies is suggested.

Reference

Correlation of ANA by IIF patterns with immune profile using line immunoassay in indian scenario. Wendy Sebastian et al. Indian Journal of Pathology and Microbiology-53(3), July-Sep 2010.



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Dummy Report

Disclaimer: This is a sample report. The method and reference range in the actual report might vary as per lab accreditation or certification and equipments where sample is processed.



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Dummy Report