LABORATORY REPORT

Patient NAME	: **Dummy**		
DOB/Age/Gender	:	Report STATUS	: Final Report
Patient ID / UHID	:	Barcode NO	:
Referred BY	:	Sample Type	: Serum
Sample Collected	:	Report Date	:

Test Description	Value(s)	Unit(s)	Reference Range

ANA (Antinuclear Antibody) BY ELISA

ANA (Antinuclear Antibody)-Screen *SERUM, EIA*	0.4	INDEX	Negative: < 0.8 Equivocal: 0.9-1.19 Positive: >= 1.2

Interpretation:

Result Index	Remarks
< 0.8	Negative
≥ 0.8-1.19	Equivocal
≥ 1.2	Positive

Comments:

Anti-nuclear antibodies (ANA) directed against a variety of nuclear and cytoplasmic antigens occur in high frequency in systemic rheumatic diseases and thus are an important tool for the differential diagnosis. For instance, SS-A (Ro) and SS-B (La) antibodies are associated with SLE and Sjögren's syndrom (SS), anti-dsDNA and anti-Sm antibodies with SLE, anti-histone antibodies with SLE and drug-induced lupus, anti-RNP antibodies with mixed connective tissue disease (MCTD) and SLE, anti-Scl-70 antibodies with scleroderma (progressive systemic sclerosis (PSS), anti-Jo-1 antibodies with polymyositis and dermatomyositis and anti-centromere antibodies with CREST syndrome. Indirect immunofluorescence test (IFT) on eucaryotic cells like HeLa and HEp2 has been the established method for the detection of ANAs. Although the IFT is a sensitive test, it is laborious when testing large numbers of patient samples and is subject to errors from human interpretation and from variability in fluorescence microscope. The ELISA test system is an excellent alternative to the IFT for screening patient's serum for the presence of ANAs of clinical significance. Single antibody specificities have to be determined by more specific testing using ELISAs employing the specific target antigens for a simple and reliable differentiation of ANAs.

*** End Of Report ***

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