

Patient Name	:		Bill Date	:	
DOB/Age/Gender	:		Sample Collected	:	
Patient ID / UHID	:		Sample Received	:	
Referred By	:		Report Date	:	
Sample Type	:		Report Status	:	
Barcode No	:				

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

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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Booking Centre :- N S Diagnostic Centre (Lakhisarai), .

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

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Test Description	Value(s)	Unit(s)	Reference Range
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 form 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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LABORATORY REPORT

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