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

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

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

Test Description	Value(s)	Unit(s)	Reference Range
Mi-2 *Immunoblot (Sample screening dilution is 1:101)*	Negative		Negative
Ku *Immunoblot (Sample screening dilution is 1:101)*	Negative		Negative
U1-nRNP/Sm *Immunoblot (Sample screening dilution is 1:101)*	Negative		Negative
Sm *Immunoblot (Sample screening dilution is 1:101)*	Negative		Negative
SS-A(RO) *Immunoblot (Sample screening dilution is 1:101)*	Negative		Negative
Ro- 52 *Immunoblot (Sample screening dilution is 1:101)*	Negative		Negative
SS-B/La *Immunoblot (Sample screening dilution is 1:101)*	Negative		Negative
Scl - 70 *Immunoblot (Sample screening dilution is 1:101)*	Negative		Negative
PM-Scl *Immunoblot (Sample screening dilution is 1:101)*	Negative		Negative
Jo - 1 *Immunoblot (Sample screening dilution is 1:101)*	Negative		Negative
CENP-B *Immunoblot (Sample screening dilution is 1:101)*	Negative		Negative
PCNA *Immunoblot (Sample screening dilution is 1:101)*	Negative		Negative
ds-DNA *Immunoblot (Sample screening dilution is 1:101)*	Negative		Negative
Nucleosomes *Immunoblot (Sample screening dilution is 1:101)*	Negative		Negative
Histones *Immunoblot (Sample screening dilution is 1:101)*	Negative		Negative
Rib- P Protein *Immunoblot (Sample screening dilution is 1:101)*	Negative		Negative
AMA- M2 *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%)
U1-nRNP/Sm	Sharp syndrome(95%) SLE (15 - 40%) Poly-/dermatomyosities (12-16%) SS (2-12%)
Sm	SLE (15- 40%) - highly specfic (> 90%)
SS-A (RO)	Sjogren syndrome(40-95%),SLE (20-60%)

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Page 1 of 2

Patient NAME   :

DOB/Age/Gender   :   Report STATUS :

Patient ID / UHID   :   Barcode NO   :

Referred BY   :   Sample Type   :

Sample Collected   :   Report Date   :

| Test Description	Value(s)	Unit(s)	Reference Range
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 monspecific 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 Juornal of Pathology and Microbiology-53(3),July-Sep 2010.

*** End Of Report ***
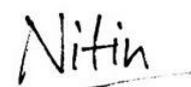
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