LABORATORY REPORT

Redcliffe labs

Patient Name	: **Mr MR.DUMMY**		
DOB/Age/Gender	: 23 Y/Male	Sample Collected	: Apr 26, 2024, 01:00 PM
Patient ID / UHID	: 8052154/RCL7248632	Report Date	: May 25, 2024, 02:32 PM.
Referred By	: Dr. Dr. X	Barcode No	: SI485221
Sample Type	: Serum	Report Status	: Final Report

Test Description	Value(s)	Unit(s)	Reference Range
ANCA by IFA			
p-ANCA	Negative		Negative
c-ANCA	Negative		Negative

Interpretation:

TEST DESCRIPTION :

Anti neutrophil cytoplasmic antibody (ANCA) tests are used to diagnose and monitor inflammatory activity in the primary systemic small vessel vasculitides. ANCA in these diseases is best demonstrated by using a combination of Indirect Imunofluorescence of normal peripheral blood neutrophils and ELISAs that detect ANCA specific for protienase 3 (PR3) or Myeloperoxidase(MPO).

1. c-ANCA is associated with Wegener's granulomatosis and less frequently with microscopic polyangitis.Approximately 85% of patients with a C-ANCA pattern by IFA have antibodies specific for PR3.
2. Atypical C-ANCA has no clinical significance.
3. p-ANCA is associated with microscopic polyangiitis and focal necrotizing and crescentic glomerulonephritis. Churg-Strauss syndrome is associated with p-ANCA directed against MPO. Approximately 90% of patients with a P-ANCA pattern by IFA have antibodies specific for MPO.
4. Atypical P-ANCA is described with a mixed group of inflammatory diseases e.g sclerosing cholangitis and connective tissue disorders.Antigen targets include lactoferrin,elastase,cathepsin G and BPI.

Patients with a number of other diseases, such as ulcerative colitis and ankylosing spondylitis, will commonly have ANCA as well. However in these cases there is no associated vasculitis and the ANCA are thought to be incidental or epiphenomena rather than part of the disease itself.

TECHNIQUE :

• BIOCHIP slide with Hep 2 cells, primate liver, ethanolfixed granulocytes and formaldehyde fixed granulocytes is used.The technique avoids false positive reporting of ANCA in ANA positive patients.
• Indirect Immunofluorescence, Sample Screening dilution used is 1:10.

REMARK:

Decisions about treatments should not be solely based on results of ANCA tests.

*** End Of Report ***

Disclaimer: Method given in report are only indicative and can be changed depending upon type of machine and kit available at time of testing.

Not all tests at all locations are under NABL scope. Availability of tests under NABL scope varies from lab to lab.

Dr. Dummy

Booking Centre :- DEMO PARTNER CHENNAI, DEMO PARTNER CHENNAI
Processing Lab :-

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