

Client: Example Client ABC123
123 Test Drive
Salt Lake City, UT 84108
UNITED STATES

Physician: Doctor, Example

Patient: Patient, Example

DOB: Unknown
Gender: Unknown
Patient Identifiers: 01234567890ABCD, 012345
Visit Number (FIN): 01234567890ABCD
Collection Date: 00/00/0000 00:00

Criteria Systemic Sclerosis Panel

ARUP test code 3000479

Scleroderma (Scl-70) (ENA) Antibody, IgG

60 AU/mL H (Ref Interval: 0-40)

INTERPRETIVE INFORMATION: Scleroderma (Scl-70) (ENA) Ab, IgG

29 AU/mL or Less Negative
30 - 40 AU/mL Equivocal
41 AU/mL or Greater Positive

The presence of Scl-70 antibodies (also referred to as topoisomerase I, topo-I or ATA) is considered diagnostic for systemic sclerosis (SSc). Scl-70 antibodies alone are detected in about 20 percent of SSc patients and are associated with the diffuse form of the disease, which may include specific organ involvement and poor prognosis. Scl-70 antibodies have also been reported in a varying percentage of patients with systemic lupus erythematosus (SLE). Scl-70 (topo-1) is a DNA binding protein and anti-DNA/DNA complexes in the sera of SLE patients may bind to topo-I, leading to a false-positive result. The presence of Scl-70 antibody in sera may also be due to contamination of recombinant Scl-70 with DNA derived from cellular material used in immunoassays. Strong clinical correlation is recommended if both Scl-70 and dsDNA antibodies are detected.

Negative results do not necessarily rule out the presence of SSc. If clinical suspicion remains, consider further testing for centromere, RNA polymerase III and U3-RNP, PM/Scl, or Th/To antibodies.

RNA Polymerase III Antibody, IgG

60 Units H (Ref Interval: 0-19)

H=High, L=Low, *=Abnormal, C=Critical

Unless otherwise indicated, testing performed at:

INTERPRETIVE INFORMATION: RNA Polymerase III Antibody, IgG

19 Units or lessNegative
20 - 39 UnitsWeak Positive
40 - 80 UnitsModerate Positive
81 Units or greater ...Strong Positive

The presence of RNA polymerase III IgG antibody, when considered in conjunction with other laboratory and clinical findings, is an aid in the diagnosis of systemic sclerosis (SSc) with increased incidence of skin involvement and renal crisis with the diffuse cutaneous form of SSc. RNA polymerase III IgG antibody occur in about 11-23 percent of SSc patients, and typically in the absence of anti-centromere and anti-Scl-70 antibodies.

A negative result indicates no detectable IgG antibodies to the dominant antigen of RNA polymerase III and does not rule out the possibility of SSc. False-positive results may also occur due to non-specific binding of immune complexes. Strong clinical correlation is recommended.

If clinical suspicion remains, consider additional testing for other antibodies associated with SSc, including centromere, Scl-70, U3-RNP, PM/Scl, or Th/To.

Antinuclear Antibody (ANA), HEp-2, IgG

Detected * (Ref Interval: <1:80)

ANA Interpretive Comment

See Note

Speckled Pattern
Clinical associations: SLE, SSc, Sjs, DM, PM, MCTD, UCTD. May also be found in healthy individuals
Main autoantibodies: Anti-SSA-52 (Ro52), anti-SSA-60 (Ro60), anti-SS-B/LA, anti-Topo-1 (anti-Scl-70), Smith, anti-U1-RNP, anti-U2-RNP, anti-Mi-2, anti-p155/140 (TIF1g), anti-Ku, anti-RNA polymerase, anti-DFS70/LEDGF-P75

List of Abbreviations
Antisynthetase syndrome (ARS), chronic active hepatitis (CAH), inflammatory myopathies (IM) [dermatomyositis (DM), polymyositis (PM), necrotizing autoimmune myopathy (NAM)], interstitial lung disease (ILD), juvenile idiopathic arthritis (JIA), mixed connective tissue disease (MCTD), primary biliary cholangitis (PBC), rheumatoid arthritis (RA), systemic autoimmune rheumatic diseases (SARD), Sjogren syndrome (Sjs), systemic lupus erythematosus (SLE), systemic sclerosis (SSc), undifferentiated connective tissue disease (UCTD).

H=High, L=Low, *=Abnormal, C=Critical

Unless otherwise indicated, testing performed at:

INTERPRETIVE INFORMATION: ANA Interpretive Comment

Presence of antinuclear antibodies (ANA) is a hallmark feature of systemic autoimmune rheumatic diseases (SARD). However, ANA lacks diagnostic specificity and is associated with a variety of diseases (cancers, autoimmune, infectious, and inflammatory conditions) and may also occur in healthy individuals in varying prevalence. The lack of diagnostic specificity requires confirmation of positive ANA by more specific serologic tests. ANA (nuclear reactivity) positive patterns reported include centromere, homogeneous, nuclear dots, nucleolar, or speckled. ANA (cytoplasmic reactivity) positive patterns reported include reticular/AMA, discrete/GW body-like, polar/golgi-like, cytoplasmic speckled or rods and rings. All positive patterns are reported to endpoint titers (1:2560). Reported patterns may help guide differential diagnosis, although they may not be specific for individual antibodies or diseases. Mitotic staining patterns not reported. Negative results do not necessarily rule out SARD.

Antinuclear Antibody (ANA) with HEp-2 Substrate, IgG by IFA, Single Pattern (Reflex for 3000082 ANA IFA AB Only Not Orderable by Clients)

ARUP test code 3000083

ANA Pattern	Speckled	*
ANA Titer	1:1280	*

VERIFIED/REPORTED DATES

Procedure	Accession	Collected	Received	Verified/Reported
Scleroderma (Scl-70) (ENA) Antibody, IgG	20-260-113221	00/00/0000 00:00	00/00/0000 00:00	00/00/0000 00:00
RNA Polymerase III Antibody, IgG	20-260-113221	00/00/0000 00:00	00/00/0000 00:00	00/00/0000 00:00
Antinuclear Antibody (ANA), HEp-2, IgG	20-260-113221	00/00/0000 00:00	00/00/0000 00:00	00/00/0000 00:00
ANA Pattern	20-260-113221	00/00/0000 00:00	00/00/0000 00:00	00/00/0000 00:00
ANA Titer	20-260-113221	00/00/0000 00:00	00/00/0000 00:00	00/00/0000 00:00
ANA Interpretive Comment	20-260-113221	00/00/0000 00:00	00/00/0000 00:00	00/00/0000 00:00

END OF CHART

H=High, L=Low, *=Abnormal, C=Critical

Unless otherwise indicated, testing performed at: