

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

Physician: Doctor, Example

Patient: Patient, Example

DOB: 1/17/1936
Gender: Male
Patient Identifiers: 01234567890ABCD, 012345
Visit Number (FIN): 01234567890ABCD
Collection Date: 00/00/0000 00:00

Comprehensive Systemic Sclerosis Panel

ARUP test code 3000480

Smith/RNP (ENA) Ab, IgG

1 AU/mL (Ref Interval: 0-40)
INTERPRETIVE INFORMATION: Smith/RNP (ENA) Antibody, IgG

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

Smith/RNP antibodies are frequently seen in patients with mixed connective tissue disease (MCTD) and are also associated with other systemic autoimmune rheumatic diseases (SARDs) such as systemic lupus erythematosus (SLE), systemic sclerosis, and myositis. Antibodies targeting the Smith/RNP antigenic complex also recognize Smith antigens, therefore, the Smith antibody response must be considered when interpreting these results.

PM/Scl 100 Antibody, IgG

Negative (Ref Interval: Negative)

INTERPRETIVE INFORMATION: PM/Scl-100 Antibody, IgG by Immunoblot

The presence of PM/Scl-100 IgG antibody along with a positive ANA IFA nucleolar pattern is associated with connective tissue diseases such as polymyositis (PM), dermatomyositis (DM), systemic sclerosis (SSc), and polymyositis/systemic sclerosis overlap syndrome. The clinical relevance of PM/Scl-100 IgG antibody with a negative ANA IFA nucleolar pattern is unknown. PM/Scl-100 is the main target epitope of the PM/Scl complex, although antibodies to other targets not detected by this assay may occur.

Test developed and characteristics determined by ARUP Laboratories. See Compliance Statement D: aruplab.com/CS

Fibrillarin (U3 RNP) Ab, IgG

Negative (Ref Interval: Negative)

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

Interpretive Information: Fibrillarin (U3 RNP) Antibody, IgG

The presence of fibrillarin (U3-RNP) IgG antibodies in association with an ANA IFA nucleolar pattern is suggestive of systemic sclerosis (SSc). In SSc, these antibodies are associated with distinct clinical features, such as younger age at disease onset, frequent internal organ involvement (pulmonary hypertension, myositis and renal disease). Fibrillarin antibodies are detected more frequently in African American patients with SSc compared to other ethnic groups. Strong correlation with ANA IFA results is recommended.

In a multi-ethnic cohort of SSc patients (n=98), U3-RNP antibodies detected by immunoblot had an agreement of 98.9 percent with the gold standard immunoprecipitation (IP) assay. Approximately 71 percent (5/7) of the borderline U3-RNP results with ANA nucleolar pattern in this cohort were IP negative.

Test developed and characteristics determined by ARUP Laboratories. See Compliance Statement D: aruplab.com/CS

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

11 AU/mL (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

6 Units

(Ref Interval: 0-19)

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

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

<1:80

(Ref Interval: <1:80)

ANA Interpretive Comment

See Note

Antinuclear antibodies by IFA negative for homogeneous, speckled, nucleolar, centromere, and nuclear dots patterns. No cytoplasmic pattern observed.

INTERPRETIVE INFORMATION: ANA Interpretive Comment

Presence of antinuclear antibodies (ANA) is a hallmark feature of systemic autoimmune rheumatic diseases (SARD). 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. Cytoplasmic pattern is reported as ANA negative. All 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. Negative results do not necessarily rule out SARD.

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

VERIFIED/REPORTED DATES				
Procedure	Accession	Collected	Received	Verified/Reported
Smith/RNP (ENA) Ab, IgG	19-238-145641	00/00/0000 00:00	00/00/0000 00:00	00/00/0000 00:00
PM/Sc1 100 Antibody, IgG	19-238-145641	00/00/0000 00:00	00/00/0000 00:00	00/00/0000 00:00
Fibrillarin (U3 RNP) Ab, IgG	19-238-145641	00/00/0000 00:00	00/00/0000 00:00	00/00/0000 00:00
Scleroderma (Sc1-70) (ENA) Antibody, IgG	19-238-145641	00/00/0000 00:00	00/00/0000 00:00	00/00/0000 00:00
RNA Polymerase III Antibody, IgG	19-238-145641	00/00/0000 00:00	00/00/0000 00:00	00/00/0000 00:00
Antinuclear Antibody (ANA), HEp-2, IgG	19-238-145641	00/00/0000 00:00	00/00/0000 00:00	00/00/0000 00:00
ANA Interpretive Comment	19-238-145641	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