

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

Extended Myositis Panel

ARUP test code 3001781

SSA-52 (Ro52) (ENA) Antibody, IgG

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

INTERPRETIVE INFORMATION: SSA-52 (Ro52) (ENA) Antibody, IgG

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

SSA-52 (Ro52) and/or SSA-60 (Ro60) antibodies are associated with a diagnosis of Sjogren syndrome, systemic lupus erythematosus (SLE), and systemic sclerosis. SSA-52 antibody overlaps significantly with the major SSC-related antibodies. SSA-52 (Ro52) antibody occurs frequently in patients with inflammatory myopathies, often in the presence of interstitial lung disease.

SSA-60 (Ro60) (ENA) Antibody, IgG

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

REFERENCE INTERVAL: SSA-60 (Ro60) (ENA) Antibody, IgG

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

Smith/RNP (ENA) Ab, IgG

165 Units H (Ref Interval: 0-19)

INTERPRETIVE INFORMATION: Smith/RNP (ENA) Antibody, IgG

19 Units or Less Negative
20 to 39 Units Weak Positive
40 to 80 Units Moderate Positive
81 Units or greater Strong 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.

Jo-1 (Histidyl-tRNA Synthetase) Ab, IgG

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

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

INTERPRETIVE INFORMATION: Jo-1 Antibody, IgG

29 AU/mL or less.....Negative
30-40 AU/mL.....Equivocal
41 AU/mL or greater.....Positive

Presence of Jo-1 (antihistidyl transfer RNA [t-RNA] synthetase) antibody is associated with polymyositis and may also be seen in patients with dermatomyositis. Jo-1 antibody is associated with pulmonary involvement (interstitial lung disease), Raynaud phenomenon, arthritis, and mechanic's hands (implicated in antisynthetase syndrome).

PL-12 (alanyl-tRNA synthetase) Antibody **Weak Positive** * (Ref Interval: Negative)

PL-7 (threonyl-tRNA synthetase) Antibody **Weak Positive** * (Ref Interval: Negative)

EJ (glycyl-tRNA synthetase) Antibody **Positive** * (Ref Interval: Negative)

OJ (isoleucyl-tRNA synthetase) Antibody **Weak Positive** * (Ref Interval: Negative)

SRP (Signal Recognition Particle) Ab **Weak Positive** * (Ref Interval: Negative)

Ku Antibody **Positive** * (Ref Interval: Negative)

PM/Scl 100 Antibody, IgG **Positive** * (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.

This test was developed and its performance characteristics determined by ARUP Laboratories. It has not been cleared or approved by the US Food and Drug Administration. This test was performed in a CLIA certified laboratory and is intended for clinical purposes.

Fibrillarin (U3 RNP) Ab, IgG **Positive** * (Ref Interval: Negative)

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

Unless otherwise indicated, testing performed at:

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.

This test was developed and its performance characteristics determined by ARUP Laboratories. It has not been cleared or approved by the US Food and Drug Administration. This test was performed in a CLIA certified laboratory and is intended for clinical purposes.

Mi-2 (nuclear helicase protein) Antibody	Weak Positive	*	(Ref Interval: Negative)
--	----------------------	---	--------------------------

P155/140 Antibody	Weak Positive	*	(Ref Interval: Negative)
-------------------	----------------------	---	--------------------------

TIF-1 gamma (155 kDa) Ab	High Positive	*	(Ref Interval: Negative)
--------------------------	----------------------	---	--------------------------

SAE1 (SUMO activating enzyme) Ab	Positive	*	(Ref Interval: Negative)
----------------------------------	-----------------	---	--------------------------

MDA5 (CADM-140) Ab	High Positive	*	(Ref Interval: Negative)
--------------------	----------------------	---	--------------------------

NXP2 (Nuclear matrix protein-2) Ab	Positive	*	(Ref Interval: Negative)
------------------------------------	-----------------	---	--------------------------

Myositis Panel Interpretive Data	See Note		
----------------------------------	----------	--	--

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

INTERPRETIVE INFORMATION: Extended Myositis Panel

If present, myositis-specific antibodies (MSA) are specific for myositis, and may be useful in establishing diagnosis as well as prognosis. MSAs are generally regarded as mutually exclusive with rare exceptions; the occurrence of two or more MSAs should be carefully evaluated in the context of patient's clinical presentation. Myositis-associated antibodies (MAA) may be found in patients with CTD including overlap syndromes, and are generally not specific for myositis. The following table will help in identifying the association of any antibodies found as either MSAs or MAAs.

Antibody Specificity	MSA	MAA
SSA 52 (Ro) (ENA) Antibody IgG		X
SSA 60 (Ro) (ENA) Antibody IgG		X
Smith/RNP (ENA) Ab, IgG		X
Jo-1 (histidyl-tRNA synthetase) Ab, IgG	X	
PL-12 (alanyl-tRNA synthetase) Antibody	X	
PL-7 (threonyl-tRNA synthetase) Antibody	X	
EJ (glycyl-tRNA synthetase) Antibody	X	
OJ (isoleucyl-tRNA synthetase) Antibody	X	
SRP (Signal Recognition Particle) Ab	X	
Ku Antibody		X
PM/SCL 100 Antibody, IgG		X
Fibrillarin (U3 RNP) Ab, IgG		X
Mi-2 (nuclear helicase protein) Antibody	X	
P155/140 Antibody	X	
TIF-1 gamma (155 kDa) Ab	X	
SAE1 (SUMO activating enzyme) Ab	X	
MDA5 (CADM-140) Ab	X	
NXP2 (Nuclear matrix proten-2)Ab	X	

This test was developed and its performance characteristics determined by ARUP Laboratories. It has not been cleared or approved by the US Food and Drug Administration. This test was performed in a CLIA certified laboratory and is intended for clinical purposes.

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

Unless otherwise indicated, testing performed at:

VERIFIED/REPORTED DATES

Procedure	Accession	Collected	Received	Verified/Reported
SSA-52 (Ro52) (ENA) Antibody, IgG	22-292-100189	00/00/0000 00:00	00/00/0000 00:00	00/00/0000 00:00
SSA-60 (Ro60) (ENA) Antibody, IgG	22-292-100189	00/00/0000 00:00	00/00/0000 00:00	00/00/0000 00:00
Smith/RNP (ENA) Ab, IgG	22-292-100189	00/00/0000 00:00	00/00/0000 00:00	00/00/0000 00:00
Jo-1 (Histidyl-tRNA Synthetase) Ab, IgG	22-292-100189	00/00/0000 00:00	00/00/0000 00:00	00/00/0000 00:00
PL-12 (alanyl-tRNA synthetase) Antibody	22-292-100189	00/00/0000 00:00	00/00/0000 00:00	00/00/0000 00:00
PL-7 (threonyl-tRNA synthetase) Antibody	22-292-100189	00/00/0000 00:00	00/00/0000 00:00	00/00/0000 00:00
EJ (glycyl-tRNA synthetase) Antibody	22-292-100189	00/00/0000 00:00	00/00/0000 00:00	00/00/0000 00:00
OJ (isoleucyl-tRNA synthetase) Antibody	22-292-100189	00/00/0000 00:00	00/00/0000 00:00	00/00/0000 00:00
SRP (Signal Recognition Particle) Ab	22-292-100189	00/00/0000 00:00	00/00/0000 00:00	00/00/0000 00:00
Ku Antibody	22-292-100189	00/00/0000 00:00	00/00/0000 00:00	00/00/0000 00:00
PM/Scl 100 Antibody, IgG	22-292-100189	00/00/0000 00:00	00/00/0000 00:00	00/00/0000 00:00
Fibrillarin (U3 RNP) Ab, IgG	22-292-100189	00/00/0000 00:00	00/00/0000 00:00	00/00/0000 00:00
Mi-2 (nuclear helicase protein) Antibody	22-292-100189	00/00/0000 00:00	00/00/0000 00:00	00/00/0000 00:00
P155/140 Antibody	22-292-100189	00/00/0000 00:00	00/00/0000 00:00	00/00/0000 00:00
TIF-1 gamma (155 kDa) Ab	22-292-100189	00/00/0000 00:00	00/00/0000 00:00	00/00/0000 00:00
SAE1 (SUMO activating enzyme) Ab	22-292-100189	00/00/0000 00:00	00/00/0000 00:00	00/00/0000 00:00
MDA5 (CADM-140) Ab	22-292-100189	00/00/0000 00:00	00/00/0000 00:00	00/00/0000 00:00
NXP2 (Nuclear matrix protein-2) Ab	22-292-100189	00/00/0000 00:00	00/00/0000 00:00	00/00/0000 00:00
Myositis Panel Interpretive Data	22-292-100189	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:

ARUP LABORATORIES | 800-522-2787 | aruplab.com
500 Chipeta Way, Salt Lake City, UT 84108-1221
Jonathan R. Genzen, MD, PhD, Laboratory Director

Patient: Patient, Example
ARUP Accession: 22-292-100189
Patient Identifiers: 01234567890ABCD, 012345
Visit Number (FIN): 01234567890ABCD
Page 5 of 5 | Printed: 10/27/2022 11:02:14 AM
4848