

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

Physician: Doctor, Example

**Patient: Patient, Example**

**DOB:** 12/31/1752  
**Gender:** Unknown  
**Patient Identifiers:** 01234567890ABCD, 012345  
**Visit Number (FIN):** 01234567890ABCD  
**Collection Date:** 01/01/2017 12:34

**Interstitial Lung Disease Autoantibody Panel**

ARUP test code 3001784

|   |           |                          |
|---|-----------|--------------------------|
| Rheumatoid Factor   | <10 IU/mL | (Ref Interval: 0-14)     |
| SSA-52 (Ro52) (ENA) Antibody, IgG   | 2 AU/mL   | (Ref Interval: 0-40)     |
| <p>INTERPRETIVE INFORMATION: SSA-52 (Ro52) (ENA) Antibody, IgG</p> <p>29 AU/mL or Less ..... Negative<br/>30 - 40 AU/mL ..... Equivocal<br/>41 AU/mL or Greater ..... Positive</p> <p>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.</p> |           |                          |
| SSA-60 (Ro60) (ENA) Antibody, IgG   | 0 AU/mL   | (Ref Interval: 0-40)     |
| <p>REFERENCE INTERVAL: SSA-60 (Ro60) (ENA) Antibody, IgG</p> <p>29 AU/mL or Less ..... Negative<br/>30 - 40 AU/mL ..... Equivocal<br/>41 AU/mL or Greater ..... Positive</p>  |           |                          |
| Jo-1 (Histidyl-tRNA Synthetase) Ab, IgG   | 4 AU/mL   | (Ref Interval: 0-40)     |
| <p>INTERPRETIVE INFORMATION: Jo-1 Antibody, IgG</p> <p>29 AU/mL or less.....Negative<br/>30-40 AU/mL.....Equivocal<br/>41 AU/mL or greater.....Positive</p>   |           |                          |
| PL-12 (alanyl-tRNA synthetase) Antibody   | Negative  | (Ref Interval: Negative) |
| PL-7 (threonyl-tRNA synthetase) Antibody  | Negative  | (Ref Interval: Negative) |
| EJ (glycyl-tRNA synthetase) Antibody  | Negative  | (Ref Interval: Negative) |

**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  
Tracy I. George, MD, Laboratory Director

Patient: Patient, Example  
ARUP Accession: 19-240-103808  
Patient Identifiers: 01234567890ABCD, 012345  
Visit Number (FIN): 01234567890ABCD  
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|   |          |   |
|---|----------|---|
| OJ (isoleucyl-tRNA synthetase) Antibody | Negative | (Ref Interval: Negative)  |
| SRP (Signal Recognition Particle) Ab    | Negative | (Ref Interval: Negative)  |
| Ku Antibody                             | Negative | (Ref Interval: Negative)  |
| PM/Scl 100 Antibody, IgG                | Negative | (Ref Interval: Negative)<br><p>INTERPRETIVE INFORMATION: PM/Scl-100 Antibody, IgG by Immunoblot<br/> 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.</p> <p>Test developed and characteristics determined by ARUP Laboratories. See Compliance Statement D: aruplab.com/CS</p> |
| MDA5 (CADM-140) Ab                      | Negative | (Ref Interval: Negative)  |
| NXP2 (Nuclear matrix protein-2) Ab      | Negative | (Ref Interval: Negative)  |
| Interpretive Information                | See Note |   |

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**INTERPRETIVE INFORMATION: Interstitial Lung Disease Autoantibodies**

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             |
| U2 sn (small nuclear) RNP Antibody . . . . .       |               | 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             |               |

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

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

3 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.

**Cyclic Citrullinated Peptide Ab, IgG**

0 Units (Ref Interval: 0-19)

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

Unless otherwise indicated, testing performed at:

INTERPRETIVE INFORMATION: Cyclic Citrullinated Peptide Antibody, IgG

19 Units or less ..... Negative  
20-39 Units ..... Weak Positive  
40-59 Units ..... Moderate Positive  
60 Units or greater ..... Strong Positive

Anti-cyclic citrullinated peptide (anti-CCP), IgG antibodies are present in about 69-83 percent of patients with rheumatoid arthritis (RA) and have specificities of 93-95 percent. These autoantibodies may be present in the preclinical phase of disease, are associated with future RA development, and may predict radiographic joint destruction. Patients with weak positive results should be monitored and testing repeated.

RNA Polymerase III Antibody, IgG

0 Units (Ref Interval: 0-19)

INTERPRETIVE INFORMATION: RNA Polymerase III Antibody, IgG

19 Units or less ..... Negative  
20 - 39 Units ..... Weak Positive  
40 - 80 Units ..... Moderate 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.

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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.

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VERIFIED/REPORTED DATES

| Procedure                                | Accession     | Collected            | Received             | Verified/Reported     |
|--|---------------|----------------------|----------------------|-----------------------|
| Rheumatoid Factor                        | 19-240-103808 | 8/28/2019 9:54:00 AM | 8/28/2019 9:54:30 AM | 8/28/2019 10:19:00 AM |
| SSA-52 (Ro52) (ENA) Antibody, IgG        | 19-240-103808 | 8/28/2019 9:54:00 AM | 8/28/2019 9:54:30 AM | 8/28/2019 10:19:00 AM |
| SSA-60 (Ro60) (ENA) Antibody, IgG        | 19-240-103808 | 8/28/2019 9:54:00 AM | 8/28/2019 9:54:30 AM | 8/28/2019 10:19:00 AM |
| Jo-1 (Histidyl-tRNA Synthetase) Ab, IgG  | 19-240-103808 | 8/28/2019 9:54:00 AM | 8/28/2019 9:54:30 AM | 8/28/2019 10:19:00 AM |
| PL-12 (alanyl-tRNA synthetase) Antibody  | 19-240-103808 | 8/28/2019 9:54:00 AM | 8/28/2019 9:54:30 AM | 8/28/2019 10:19:00 AM |
| PL-7 (threonyl-tRNA synthetase) Antibody | 19-240-103808 | 8/28/2019 9:54:00 AM | 8/28/2019 9:54:30 AM | 8/28/2019 10:19:00 AM |
| EJ (glycyl-tRNA synthetase) Antibody     | 19-240-103808 | 8/28/2019 9:54:00 AM | 8/28/2019 9:54:30 AM | 8/28/2019 10:19:00 AM |
| OJ (isoleucyl-tRNA synthetase) Antibody  | 19-240-103808 | 8/28/2019 9:54:00 AM | 8/28/2019 9:54:30 AM | 8/28/2019 10:19:00 AM |
| SRP (Signal Recognition Particle) Ab     | 19-240-103808 | 8/28/2019 9:54:00 AM | 8/28/2019 9:54:30 AM | 8/28/2019 10:19:00 AM |
| Ku Antibody                              | 19-240-103808 | 8/28/2019 9:54:00 AM | 8/28/2019 9:54:30 AM | 8/28/2019 10:19:00 AM |
| PM/Scl 100 Antibody, IgG                 | 19-240-103808 | 8/28/2019 9:54:00 AM | 8/28/2019 9:54:30 AM | 8/28/2019 10:19:00 AM |
| MDA5 (CADM-140) Ab                       | 19-240-103808 | 8/28/2019 9:54:00 AM | 8/28/2019 9:54:30 AM | 8/28/2019 10:19:00 AM |
| NXP2 (Nuclear matrix protein-2) Ab       | 19-240-103808 | 8/28/2019 9:54:00 AM | 8/28/2019 9:54:30 AM | 8/28/2019 10:19:00 AM |
| Interpretive Information                 | 19-240-103808 | 8/28/2019 9:54:00 AM | 8/28/2019 9:54:30 AM | 8/28/2019 10:19:00 AM |
| Scleroderma (Scl-70) (ENA) Antibody, IgG | 19-240-103808 | 8/28/2019 9:54:00 AM | 8/28/2019 9:54:30 AM | 8/28/2019 10:19:00 AM |
| Cyclic Citrullinated Peptide Ab, IgG     | 19-240-103808 | 8/28/2019 9:54:00 AM | 8/28/2019 9:54:30 AM | 8/28/2019 10:19:00 AM |
| RNA Polymerase III Antibody, IgG         | 19-240-103808 | 8/28/2019 9:54:00 AM | 8/28/2019 9:54:30 AM | 8/28/2019 10:19:00 AM |
| Antinuclear Antibody (ANA), HEp-2, IgG   | 19-240-103808 | 8/28/2019 9:54:00 AM | 8/28/2019 9:54:30 AM | 8/28/2019 10:19:00 AM |
| ANA Interpretive Comment                 | 19-240-103808 | 8/28/2019 9:54:00 AM | 8/28/2019 9:54:30 AM | 8/28/2019 10:19:00 AM |

END OF CHART

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