

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

**Double-Stranded DNA (dsDNA) Antibody, IgG by IFA (using Crithidia luciliae)**

ARUP test code 2002693

**Double-Stranded DNA (dsDNA) Ab IgG IFA**      **1:320**      \*      **(Ref Interval: <1:10)**

INTERPRETIVE INFORMATION: Double-Stranded DNA (dsDNA) Antibody, IgG by IFA (using Crithidia luciliae)

Positivity for anti-double stranded DNA (anti-dsDNA) IgG antibody is a diagnostic criterion of systemic lupus erythematosus (SLE). The presence of the anti-dsDNA IgG antibody is identified by IFA titer (Crithidia luciliae indirect fluorescent test [CLIFT]). CLIFT is highly specific for SLE with a sensitivity of 50-60 percent.

Some patients with early or inactive SLE may be positive for anti-dsDNA IgG by ELISA but negative by CLIFT. If the CLIFT result is negative but the patient has a positive ELISA and clinical suspicion remains, consider antinuclear antibody (ANA) testing by IFA. Additional information and recommendations for testing may be found at <https://arupconsult.com/content/connective-tissue-diseases>.

**Connective Tissue Disease First Line Panel with Reflex**

ARUP test code 3002463

**Double-Stranded DNA (dsDNA) Ab IgG ELISA**      **55 IU**      **H**      **(Ref Interval: 0-24)**

INTERPRETIVE INFORMATION: Double-Stranded DNA (dsDNA) Ab IgG ELISA

24 IU or less.....Negative  
25-30 IU.....Borderline Positive  
30-60 IU.....Low Positive  
60-200 IU.....Positive  
201 IU or greater...Strong Positive

Positivity for anti-double stranded DNA (anti-dsDNA) IgG antibody is a diagnostic criterion of systemic lupus erythematosus (SLE). Specimens are initially screened by enzyme-linked immunosorbent assay (ELISA). If ordered as reflex (0050215), positive ELISA results (>24 IU) will be reflexed to a highly specific IFA titer (Crithidia luciliae indirect fluorescent test [CLIFT]) for confirmation. Some patients with early or inactive SLE may be positive for anti-dsDNA IgG by ELISA but negative by CLIFT. If the patient is negative by CLIFT but positive by ELISA and clinical suspicion remains, consider antinuclear antibody (ANA) testing by IFA. Additional information and recommendations for testing may be found at <https://arupconsult.com/content/systemic-lupus-erythematosus>.

**Smith (ENA) Antibody, IgG**      **356 AU/mL**      **H**      **(Ref Interval: 0-40)**

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

Unless otherwise indicated, testing performed at:

**INTERPRETIVE INFORMATION: Smith (ENA) Antibody, IgG**

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

Smith antibody is highly specific (greater than 90 percent) for systemic lupus erythematosus (SLE) but only occurs in 30-35 percent of SLE cases. The presence of antibodies to Smith has variable associations with SLE clinical manifestations.

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

**65 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**

**75 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**

**25 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**

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

**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).

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

*Unless otherwise indicated, testing performed at:*

**SSB (La) (ENA) Antibody, IgG**

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

INTERPRETIVE INFORMATION: SSB (La) (ENA) Ab, IgG

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

SSB (La) antibody is seen in 50-60% of Sjogren syndrome cases and is specific if it is the only ENA antibody present. 15-25% of patients with systemic lupus erythematosus (SLE) and 5-10% of patients with progressive systemic sclerosis (PSS) also have this antibody.

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

**98 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.

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

VERIFIED/REPORTED DATES

Procedure	Accession	Collected	Received	Verified/Reported
Double-Stranded DNA (dsDNA) Ab IgG ELISA	23-311-105104	00/00/0000 00:00	00/00/0000 00:00	00/00/0000 00:00
Double-Stranded DNA (dsDNA) Ab IgG IFA	23-311-105104	00/00/0000 00:00	00/00/0000 00:00	00/00/0000 00:00
Smith (ENA) Antibody, IgG	23-311-105104	00/00/0000 00:00	00/00/0000 00:00	00/00/0000 00:00
SSA-52 (Ro52) (ENA) Antibody, IgG	23-311-105104	00/00/0000 00:00	00/00/0000 00:00	00/00/0000 00:00
SSA-60 (Ro60) (ENA) Antibody, IgG	23-311-105104	00/00/0000 00:00	00/00/0000 00:00	00/00/0000 00:00
Smith/RNP (ENA) Ab, IgG	23-311-105104	00/00/0000 00:00	00/00/0000 00:00	00/00/0000 00:00
Jo-1 (Histidyl-tRNA Synthetase) Ab, IgG	23-311-105104	00/00/0000 00:00	00/00/0000 00:00	00/00/0000 00:00
SSB (La) (ENA) Antibody, IgG	23-311-105104	00/00/0000 00:00	00/00/0000 00:00	00/00/0000 00:00
Scleroderma (Scl-70) (ENA) Antibody, IgG	23-311-105104	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: 23-311-105104  
Patient Identifiers: 01234567890ABCD, 012345  
Visit Number (FIN): 01234567890ABCD  
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