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

Physician: Doctor, Example

Patient: Patient, Example

DOB	4/17/1940
Gender:	Female
Patient Identifiers:	01234567890ABCD, 012345
Visit Number (FIN):	01234567890ABCD
Collection Date:	00/00/0000 00:00

Primary Biliary Cholangitis Panel

ARUP test code 3002480

Mitochondrial (M2) Antibody, IgG	**38.6 Units**	**H**	**(Ref Interval: 0.0-24.9)**

REFERENCE INTERVAL: Mitochondrial (M2) Antibody, IgG

20.0 Units or less ..... Negative
20.1 - 24.9 Units..... Equivocal
25.0 Units or greater..... Positive

Anti-mitochondrial antibodies (AMA) are thought to be present in 90-95% of patients with primary biliary cholangitis (PBC). However, the frequency of detected antibodies may be cohort or assay dependent, as lower sensitivities have been reported. Not all PBC patients are positive for AMA; some patients may be positive for SP100 and/or GP210 antibodies. A negative result does not rule out PBC.

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

Cytoplasmic reticular/AMA pattern
Clinical Associations: PBC, SSc, PBC-SSc overlap syndrome, and PBC-SjS overlap syndrome
Main autoantibodies: Anti-mitochondrial antibody

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

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.

Anti-gp210 Antibody, IgG	1.1 Units	(Ref Interval: 0.0-24.9)

REFERENCE INTERVAL: Anti-gp210 Antibody, IgG

20.0 Units or less.....Negative
20.1-24.9 Units.....Equivocal
25.0 Units or greater.....Positive

GP210 IgG antibodies can be detected in patients with primary biliary cholangitis (PBC) and may be of diagnostic relevance in a subset of patients with PBC who are negative for anti-mitochondrial antibodies (AMA). These antibodies have a relatively low sensitivity with excellent specificity for PBC. A negative result does not rule out PBC.

Anti-sp100 Antibody, IgG	9.3 Units	(Ref Interval: 0.0-24.9)

REFERENCE INTERVAL: Anti-sp100 Antibody, IgG

20.0 Units or less.....Negative
20.1-24.9 Units.....Equivocal
25.0 Units or greater.....Positive

SP100 IgG antibodies can be detected in patients with primary biliary cholangitis (PBC) and may be of diagnostic relevance in a subset of patients with PBC who are negative for anti-mitochondrial antibodies (AMA). These antibodies have a relatively low sensitivity with excellent specificity for PBC. A negative result does not rule out PBC.

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	**1:160**	*

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

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

ARUP test code 3000478

Cytoplasmic Titer	1:320	*
Cytoplasm Pattern	AMA	*

VERIFIED/REPORTED DATES

Procedure	Accession	Collected	Received	Verified/Reported
Mitochondrial (M2) Antibody, IgG	23-174-142898	00/00/0000 00:00	00/00/0000 00:00	00/00/0000 00:00
Antinuclear Antibody (ANA), HEp-2, IgG	23-174-142898	00/00/0000 00:00	00/00/0000 00:00	00/00/0000 00:00
ANA Pattern	23-174-142898	00/00/0000 00:00	00/00/0000 00:00	00/00/0000 00:00
ANA Titer	23-174-142898	00/00/0000 00:00	00/00/0000 00:00	00/00/0000 00:00
Cytoplasmic Titer	23-174-142898	00/00/0000 00:00	00/00/0000 00:00	00/00/0000 00:00
ANA Interpretive Comment	23-174-142898	00/00/0000 00:00	00/00/0000 00:00	00/00/0000 00:00
Anti-gp210 Antibody, IgG	23-174-142898	00/00/0000 00:00	00/00/0000 00:00	00/00/0000 00:00
Anti-sp100 Antibody, IgG	23-174-142898	00/00/0000 00:00	00/00/0000 00:00	00/00/0000 00:00
Cytoplasm Pattern	23-174-142898	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