

TEST CHANGE

Centromere Antibody, IgG

0050714, ANTICENT

Specimen Requirements:

Patient Preparation:

Collect: Serum separator tube.

Specimen Preparation: Separate serum from cells ASAP or within 2 hours of collection. Transfer 1 mL serum to an ARUP Standard Transport Tube. (Min: 0.25 mL)

Transport Temperature: Refrigerated.

Unacceptable Conditions: Plasma. Contaminated, hemolyzed, or severely lipemic specimens.

Remarks:

Stability: After separation from cells: Ambient: 48 hours; Refrigerated: 2 weeks; Frozen: 1 year (avoid repeated freeze/thaw cycles)

Methodology: Semi-Quantitative Multiplex Bead Assay

Performed: Sun-Sat

Reported: 1-~~3~~2 days

Note:

CPT Codes: 83516

New York DOH Approval Status: This test is New York DOH approved.

Interpretive Data:

When detected by this multiplex bead assay, the presence of centromere antibodies is mainly associated with CREST syndrome, a variant of systemic sclerosis (SSc). These antibodies target the centromere B, a dominant antigen of the centromeric complex associated with the centromere pattern observed in antinuclear antibody (ANA) testing by IFA. Centromere antibodies may also be seen in a varying percentage of patients with other autoimmune diseases, including diffuse cutaneous SSc, Raynaud syndrome, interstitial pulmonary fibrosis, autoimmune liver disease, systemic lupus erythematosus (SLE) and rheumatoid arthritis (RA).

A negative result indicates no detectable IgG antibodies to centromere B. If the result is negative but clinical suspicion for SSc is strong, consider testing for ANA by IFA along with other antibodies associated with SSc, including Scl-70, U3-RNP, PM/Scl, or Th/To.

Reference Interval:

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