

Laboratory Investigation Report

Patient Name	Centre
Age/Gender	OP/IP No/UHID
MaxID/Lab ID	Collection Date/Time
Ref Doctor	Reporting Date/Time

Serology Special

ENA quantitative + ANA IFA Panel

Test Name	Result	Unit	Bio Ref Interval
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Extractable Nuclear Antigen (ENA),Quantitative

FEIA

Ab Centromere(CENP)	0.01	U/mL	< 7
Ab Jo-1	<0.01	U/mL	< 7
FEIA			
Ab Scl-70(Scleroderma)	0.01	U/mL	< 7
FEIA			
Ab SS-A/Ro	<0.01	U/mL	< 7
FEIA			
Ab SS-B/La	<0.01	U/mL	< 7
FEIA			
Ab U1RNP	0.20	U/mL	< 5
FEIA			

Kindly correlate with clinical findings

*** End Of Report ***

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Laboratory Investigation Report

Patient Name	Centre
Age/Gender	OP/IP No/UHID
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Hematology Special

ENA quantitative + ANA IFA Panel

Test Name	Result	Unit	Bio Ref Interval
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ANA By Immunofluorescence, Serum

Anti Nuclear Antibodies Immunofluorescence	Positive		Negative
Primary Dilution	1:80		
Primary Intensity on IF	2+		
Nuclear Pattern	Speckled		
Cytoplasmic Pattern	Negative		
Mitotic Pattern	Negative		
End Point Titre	1:320		
Advise :	ANA LIA		

Interpretation

Anti Nuclear Antibody IFA, HEP2000, Serum Immunofluorescence

(Syn: Anti-Nuclear Antibody)

ANA immunofluorescence is the gold standard test for screening for autoimmune antibodies and has higher sensitivity as compared to ANA ELISA.


False ANA positivity may be seen in - certain viral infections (Hepatitis C, Parvovirus and many other), bacterial infections (Tuberculosis), parasitic infection (schistosomiasis), certain malignancies and medications. ANA Immunofluorescence results need to be corroborated with clinical features and other laboratory findings for definitive evidence of auto-immune disorder.

Advise: -


- A repeat ANA testing is recommended after 12 weeks after an acute episode of infection.
- ANA LIA should be added in cases with positive ANA Immunofluorescence result to know which extractable nuclear antigen is present in the patients, which helps in classifying patients for specific autoimmune disorder.

Kindly correlate with clinical findings

*** End Of Report ***


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