



## ANTI-NUCLEAR ANTIBODY Test Change Notification

### CLINICAL USE

The anti-nuclear antibody test or ANA is used in the diagnosis of rheumatological disorders.

### TEST CHANGES

In January, PCL Alverno discontinued the ANA Screen without reflex testing. This decision was made in concordance with best patient care. A positive ANA screening alone provides limited usefulness and follow-up testing is necessary for accurate diagnosis. In most cases this would be done by a consultant rheumatologist.

A complete ANA panel presented on referral will aid in the follow-up care to the patient. Without this information, the referred physician would need to order the ANA screen with reflex, resulting in duplicate testing and delay of care.

### REPORTING UPDATE

Negative screen results now have a comment to address clinically symptomatic patients that screen test negative.

#### Antinuclear Antibodies

see below

#### NEGATIVE

All antibody levels for systemic autoimmune disease are below pre established cutoffs for the following analytes: dsDNA, Chromatin, Ribosomal P, SS/A, SS/B, Sm, SmRNP, RNP, Scl 70, Jo 1 and Centromere B. A negative result does not rule out autoimmune disease.

If the patient exhibits clinical signs and symptoms suggestive of a rheumatologic disorder and the Bioplex test is negative, repeat testing using an alternative method (IFA) is recommended.