TEST: Anti-nuclear Antibody (ANA) SCREEN AND TITER

PRINCIPLE:
Autoantibodies in a test serum bind to homologous antigens in the substrate (HEp-2 cells) and can be detected by FITC-anti-human immunoglobulin. A positive ANA result usually occurs in a number of autoimmune disorders such as systemic lupus erythematosus (SLE), mixed connective tissue disease (MCTD), rheumatoid arthritis (RA), Sjogren's syndrome (SS), and progressive systemic sclerosis (PSS). High titers of anti-nDNA, one type of ANA, are associated with SLE. The titer of the anti-nDNA may decrease with successful therapy and increases in acute recurrence of the disease. Additionally, DNA-anti-DNA immune complexes play a role in the pathogenesis of SLE through the deposit of the complexes in the kidney and other tissues. For these reasons, the detection and quantitation of anti-nDNA is diagnostically and therapeutically helpful in patients suspected or known to have SLE or other connective tissue diseases.

SPECIMEN REQUIREMENTS:
2ml collected in a serum separator tube (gel barrier). Separate serum from cells ASAP or within 2 hours of collection by centrifugation. Stability after separation from cells: Ambient: 48 Hours; Refrigerated: 1 week; Frozen: 1 year (avoid repeated freeze/thaw cycles).

REJECTION CRITERIA:
Plasma or other body fluids. Gross hemolysis

METHOD:
Indirect Immunofluorescence.

REFERENCES:
Fritzler, M. Immunofluorescent Antinuclear Antibody Tests, in Manual of Clinical Immunology Laboratory, Rose, Friedman and Fahey, eds., 2nd Edition, 1980, pp. 732-739.

Normal Range: Negative
Positive screens will be titered and results will include titer and pattern.

Turnaround Time: 7-10 business days