H·O·D
HOUSE of DIAGNOSTICS

Patient Name :	Demo Patient Name	**Lab No :**	Demo Visit No
Age / Sex :	33 Y / M	**Registration On :**	12-Aug-25 11:27
Referred By :	DEMO HOSPITAL	**Patient ID :**	UHID.DEMO.001
Centre :	HOD Head Office		

ENA Profile [Quantitative]

Accession No: DEMO_BARCODE **Collected On:** 12-Aug-25 11:27 **Received On:** 12-Aug-25 18:15 **Approved On:** 13-Aug-25 16:20

Observation	Result	Unit	Biological Ref. Interval	Method
Smith (Sm) Antibody	< 3.3	CU	<20:Negative ≥20:Positive	CLIA
Centromere Antibody	< 3.4	CU	<20:Negative ≥20:Positive	CLIA
RNP Antibody	< 3.5	CU	<20:Negative ≥20:Positive	CLIA
Anti LA / SS-B	< 3.3	CU	<20:Negative ≥20:Positive	CLIA
Anti Ro (52 kD) / SS-A	< 2.3	CU	<20:Negative ≥20:Positive	CLIA
Anti Ro (60 kD) / SS-A	< 4.9	CU	<20:Negative ≥20:Positive	CLIA
Mitochondrial Antibody (M2-MIT3)	< 1.2	CU	<20:Negative 21-30:Weak Positive >30:Positive	CLIA
SCL-70 (Scleroderma)	< 1.2	CU	<20:Negative ≥20:Positive	CLIA
Anti Jo-1	< 2.2	CU	<20:Negative ≥20:Positive	CLIA
Anti Ds-Dna Antibody IgG	< 9.8	IU/mL	Negative : <27 Equivocal : 27-35 Positive:≥35	CLIA

Clinical Application and Principle of the Test*:Anti-nuclear antibodies (ANAs) are an important tool for the differential diagnosis of systemic rheumatic diseases. The detection of autoantibodies in the Chemiluminescence ImmunoAssay (CLIA) with corresponding specific antigens allows a simple and reliable differentiation of ANAs by their specificity. ANAs are especially found in active and inactive systemic lupus erythematosus (SLE), mixed connective tissue diseases (MCTDs), scleroderma, Sjögren's syndrome, primary biliary cirrhosis (PBC) and polymyositis. Antibodies against:

- **dsDNA** are regarded as being specific for SLE and have been observed in approximately 50-80 % of the patients.
- **Sm:** Anti-Smith-antibodies as well as antibodies against double stranded DNA (dsDNA) are highly specific for SLE and thus are included in diagnostic and classification criteria for SLE.
- **RNP Antibody** are pathognomonic for MCTD but also occur in SLE. A high titre of antibodies against this antigen is typical for Sharp's syndrome.
- **SS-A (Ro**; soluble cytoplasmic and/or nuclear ribonucleoproteins of **52 kDa** and **60 kDa**) are mainly found in high titers for primary and secondary Sjögren's syndrome but also in SLE, congenital heart block and neonatal lupus.
- **SS-B (La)** protein associated with RNA-polymerase III are mainly found in high titers for primary and secondary Sjögren's syndrome but also in SLE, congenital heart block and neonatal lupus.
- **Scl-70** are directed against DNA-topoisomerase I. They are highly specific for systemic scleroderma and are indicative of a severe course of the disease.
- **Centromere Antibody** are typical for the CREST-syndrome, which is a more protracted type of systemic sclerosis.
- **Jo-1** are directed against histidyl-tRNA-synthetase (a cytoplasmic protein involved in protein biosynthesis) and are found in 20-40 % of patients with polymyositis and dermatomyositis.
- **AMA M2** react with the proteins of the ketoacid-dehydrogenase complex of mitochondria. They occur in 95 % of PBC patients in high titers. Their evidence is crucial for the diagnosis of PBC and for separation from other cholestatic liver diseases.

Advise: Please correlate reports clinically.

This is a Demo Signature
and the doctor's signature should appear here

In case of any unexpected or alarming results, please contact us immediately for re-confirmation, clarifications, and rectifications, if needed.

Scan to Validate