

To: Medical Staff, House Staff, Patient Care Centers, and Outpatient Clinics

From: Kathleen G. Beavis MD, Medical Director, Clinical Microbiology and Immunology Laboratories

Vera Tesic, MD, MS, D (ABMM) Associate Medical Director, Clinical Microbiology & Immunology Laboratories and Medical Director, Laboratory Service Center

Zelalem Tadesse (Zee) MBA, MS, MLS (ASCP)^{CM} Clinical Laboratories Director - Specialty Area

Date: 10/3/2023

Subject: Rheumatic and Related Autoimmune Diseases Test Update

Effective Date: 10/3/2023

Laboratory Section: Microbiology/Immunology

Summary:

We are pleased to announce the Microbiology/Immunology laboratory will begin **performing rheumatic and related autoimmune disease testing in-house effective October 3, 2023**. This is part of our ongoing effort to reduce send-out tests, improve service, and reduce test turnaround time (TAT).

This change will **reduce the expected TAT** from its current 4 to 5 days down to 2 to 3 days.

Autoimmune rheumatic diseases are challenging to diagnose and treat due to their rare and complex nature. We hope that performing these tests in-house will increase early detection, effective monitoring of prognosis, and treatment response.

Ordering Guidance:

EPIC Test Name	EPIC Test Code	Preferred Volume	Minimum Volume
Antinuclear Antibody (ANAT)	LABISANAT	4mL of whole blood	2 mL of whole blood
Anti-DNA Doublestranded Antibody (dsDNA) IFA	LABISDNA	4mL of whole blood	2 mL of whole blood
Antineutrophil Cytoplasmic Antibody Vascular IFA	LABISANC	4mL of whole blood	2 mL of whole blood
Chromatin Ab	LABISCHRAB	2 mL of whole blood	1mL of whole blood
Ribosomal P Ab	LABISRIBAB	2 mL of whole blood	1mL of whole blood
Jo-1 Ab (JO1 Antibodies)	LABISJO1ABB	2 mL of whole blood	1mL of whole blood
Scl - 70 Ab	LABISSCLAB	2 mL of whole blood	1mL of whole blood
Centromere B Ab	LABISCENAB	2 mL of whole blood	1mL of whole blood
SSA and SSB Antibodies	LABISSSAB	2 mL of whole blood	1mL of whole blood
Ribonucleic Protein & Smith's Antibodies (SMRNP)	LABISSAB	2 mL of whole blood	1mL of whole blood
Anti-DNA Doublestranded Antibody (dsDNA) by Multiplex Immunoassay(Non IFA)	LABISDSDNA	2 mL of whole blood	1mL of whole blood

Specimen Type

Serum: Red top

Methodology

IFA and Multiplex Immunoassay

Expected TAT:

72 hrs

Test Algorithms and Recommendations: (See attached cascade for additional guidance.)

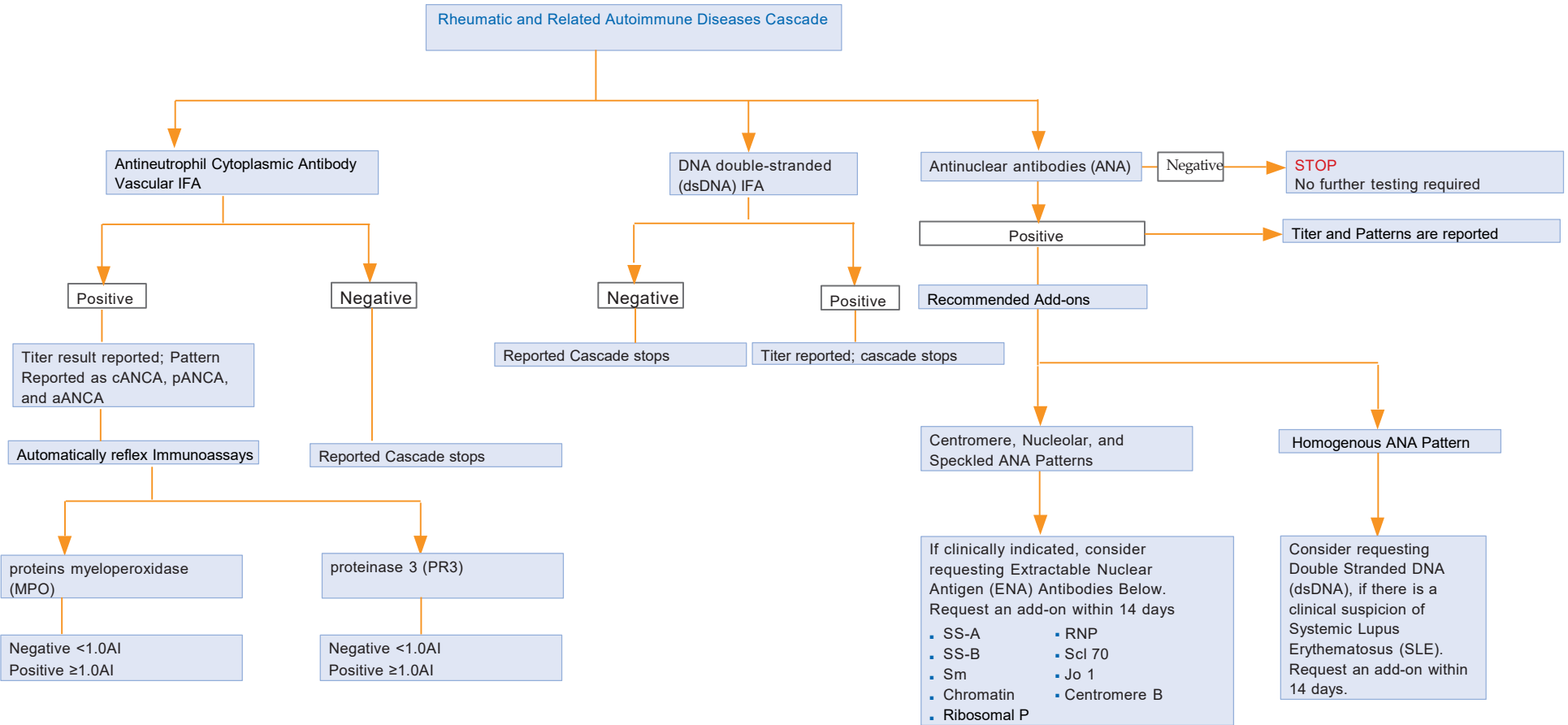
Positive results are not diagnostic and should be interpreted within the clinical context of the patient.

- If the ANA screen is positive, titer and patterns are reported.
- If the ANA screen is negative, reported as negative and cascade stops.

Reported ANA patterns	Recommended Add-ons
Centromere, Nucleolar, and Speckled	Consider requesting Extractable Nuclear Antigen (ENA) Antibodies, (Chromatin, Ribosomal P, SSA, SSB, Sm, RNP, Scl-70, Jo-1, and Centromere B) if clinically indicated. Request an add-on within 14 days.
Homogeneous	Consider requesting Double Stranded DNA (dsDNA), if there is a clinical suspicion of Systemic Lupus Erythematosus (SLE). Request an add-on within 14 days.

- Recommended ENA antibodies are reported as positive and negative.
- If Anti-DNA Doublestranded Antibody (dsDNA) IFA is positive, titer is reported and cascade stops.
- If Anti-DNA Doublestranded Antibody (dsDNA) IFA is negative, reported as negative and cascade stops.
- If Antineutrophil Cytoplasmic Antibody Vascular IFA is positive, Perinuclear (pANCA) , Cytoplasmic (cANCA), or Atypical (aANCA) patterns and titer are reported with auto reflexed immunoassay results for proteins myeloperoxidase (MPO) and proteinase 3 (PR3).
- If Antineutrophil Cytoplasmic Antibody Vascular IFA is negative, reported as negative and cascade stops.

Questions: If there are any questions regarding the change, test requirements or ordering, please contact: Vera Tesic, MD, MS vtesic@bsd.uchicago.edu and Ana Percy AnaPrecy.Abeleda@uchicagomedicine.org



NOTE: Positive results are not diagnostic and should be interpreted within the clinical context of the patient.