

LABORATORY REPORT

NAME : MR.SI0818	REFERRED BY : SELF	VISIT NO : VAMP26147884
AGE : 40Y 0M 0D	ZERO TARIFF CLIENT CODE	COLLECTED ON : 21-04-2026 10:00
GENDER : Male	LAB MR# : AAMP01479163	RECEIVED ON : 21-04-2026 18:08
OP / IP / DG # :		APPROVED ON : 22-04-2026 12:37
		REPORT STATUS : Final Report



Test Name	Result	Biological Ref. Interval	Unit
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SEROLOGY AND IMMUNOLOGY

ANA IFA REFLEX TO ANA PROFILE 25 ANTIGENS (Serum)

Anti Nuclear Antibody (ANA) - IFA

Antigen	Result	Biological Ref. Interval	Unit
ANA HEp-2 <i>Immuno fluorescence Microscopy</i>	Negative	Negative	
RNP 68kD/A/C	2.00	0 - 6 Negative 6 - 12 Intermediate >12 Positive	AU/mL
SS-A/Ro 60kD	3.00	0 - 6 Negative 6 - 12 Intermediate >12 Positive	AU/mL
SS-A/Ro 52kD	1.00	0 - 6 Negative 6 - 12 Intermediate >12 Positive	AU/mL
PL7	2.00	0 - 6 Negative 6 - 12 Intermediate >12 Positive	AU/mL
PL-12	3.00	0 - 6 Negative 6 - 12 Intermediate >12 Positive	AU/mL
SRP-54	2.00	0 - 6 Negative 6 - 12 Intermediate >12 Positive	AU/mL
CENP-A/B	3.00	0 - 6 Negative 6 - 12 Intermediate >12 Positive	AU/mL
Sp100	1.00	0 - 6 Negative 6 - 12 Intermediate >12 Positive	AU/mL
gp210	2.00	0 - 6 Negative 6 - 12 Intermediate >12 Positive	AU/mL
M2 Recombinant	3.00	0 - 6 Negative 6 - 12 Intermediate >12 Positive	AU/mL
M2 native	1.00	0 - 6 Negative 6 - 12 Intermediate >12 Positive	AU/mL
F-actin	2.00	0 - 6 Negative 6 - 12 Intermediate	AU/mL



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Nucleosome	3.00	>12 Positive 0 - 6 Negative 6 - 12 Intermediate	AU/mL
ds DNA	2.00	>12 Positive 0 - 6 Negative 6 - 12 Intermediate	AU/mL
Anti Histones	3.00	>12 Positive 0 - 6 Negative 6 - 12 Intermediate	AU/mL
Sm Ab	1.00	>12 Positive 0 - 6 Negative 6 - 12 Intermediate	AU/mL
Sm/RNP	2.00	>12 Positive 0 - 6 Negative 6 - 12 Intermediate	AU/mL
SS B	3.00	>12 Positive 0 - 6 Negative 6 - 12 Intermediate	AU/mL
SCL 70	1.00	>12 Positive 0 - 6 Negative 6 - 12 Intermediate	AU/mL
ANTI KU	2.00	>12 Positive 0 - 6 Negative 6 - 12 Intermediate	AU/mL
Mi - 2	3.00	>12 Positive 0 - 6 Negative 6 - 12 Intermediate	AU/mL
Ribosomal-P Protein(PO)	1.00	>12 Positive 0 - 6 Negative 6 - 12 Intermediate	AU/mL
P CNA	2.00	>12 Positive 0 - 6 Negative 6 - 12 Intermediate	AU/mL
PM-SCL(PM)	3.00	>12 Positive 0 - 6 Negative 6 - 12 Intermediate	AU/mL
JO 1	1.00	>12 Positive 0 - 6 Negative 6 - 12 Intermediate	AU/mL

Interpretation:

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ANALYTICAL INFERENCE DRAWN FROM FLUORESCENCE ON: HEP-2 Cells
ADVICE/COMMENT: Correlate clinically.

Interpretation:

ANA reactivity	Interpretation
No Fluorescence at 1:80	Negative. (No antibodies against cell nuclei detectable in the given sample).
Fluorescence at 1:80	Positive

The titre is derived from inverse ratio of dilution factor for which specific fluorescence is identifiable. Immunofluorescent pattern detection of Anti-nuclear antibodies in human serum for the diagnosis of various related auto-immune disorders is facilitated through the use of artificially cultured HEP-2 cells as micro-chips on slides. Various nuclear / cytoplasmic patterns of fluorescence obtained on incubation with diluted patient serum give an idea of the prevalence of relevant auto-antibodies in that patient, which can thereafter be semi-quantified by testing serial dilutions of the serum. The end-point titre is considered to be the highest dilution to still give a positive result. The significance of titre depends to some extent on the age of the patient, as auto-antibodies are more frequent in the elderly. Titres of 1:40 are of limited importance for patients over 50 years of age. The antibody titres may help to track disease progression and therapeutic responses. ANA patterns are only indicative, and the specificity of the auto-antibody must always be confirmed by other techniques such as immunoblotting, ELISA etc.

Location	Pattern	Target Antigen	Clinical Association		
Nucleus	Homogeneous	Double strand DNA	SLE		
		Histones	Drug Induced Lupus, SLE , RA		
		Nucleosome, RNA, Single Strand DNA	SLE, MCTD, RA, PM, DM, SS		
		Sm	SLE		
		U1-snRNP	MCTD, SLE, RA, sharp syndrome		
Speckled/Granular	Speckled/Granular	SSA/Ro	Sjogren`s syndromes		
		SSB/La	(SS)/SLE/Neonatal Lupus		
		Ku	PM/DM/SLE/SS		
		Cyclin1(PCNA)	SLE/Overlap Syndromes		
		Mitosis/Cyclin II	DM		
		Dense Fine Speckled(DFS)	Dense Fine Speckled(DFS)	Lens epithelium-derived growth factor (LEDGF), DNA binding transcription coactivator p75.(DFS-70)	Healthy individuals, Various Inflammatory conditions like atopic dermatitis, interstitial cystitis, Asthma.
				Centomeres	CREST syndrome, PSS limited form
Nuclear Dots	Sp-100 , NDP53				
Nucleolus	Nucleolar homogeneous	Nuclear Membrane	Lamins, gp210, p62		
		Nucleolar speckled/granular	PM-Scl	PM, DM, PSS(Diffuse)	
			Scl-70	PSS(Diffuse)	
		Nucleolar Pattern	RNA-Polymerase I / NOR-90	Progressive Systemic Sclerosis(Diffuse)	
			Fibrillarlin	Progressive Systemic Sclerosis(Diffuse)	
Cytoplasm	Cytoplasmic speckled/granular	Mitochondrial	PBC,		
		Lysosomal	Unknown		
		Golgi Complex	SS/SLE/RA		
		Ribosome P	SLE		
		Jo -1	Polymyositis (PM),		

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	SRP, PL12, TIF1-Gamma	PM/ DM, Myositis	
	Cytoplasmic filament	F-Actin Vimentin Tropomyosin Cytoplasmic Rings & rods	AIH Unknown Unknown HCV Infection- on therapy
Cell Cycle (mitotic cells)	Centriole Mid-Body Spindle Fibres	-- --	Unknown Unknown Rheumatic Disease

Antigens	Disease & Prevalence of Autoantibodies
Nucleosome	SLE 56-90 %
dsDNA	SLE 40-90 %
Histones	Drug Induced LE 56-90 %, SLE 50-80%
Sm	SLE 5-40%
RNP 68kD/A/C	MCTD (95-100%), SLE (30-70%), RA(3%)
Sm/RNP	Same as Sm or RNP
SS-A/Ro 60kD	Sjogren's Syndrome (40-95%), SLE (20-60%), Neonatal LE (95-100%)
SS-A/Ro 52kD	Sjogren's Syndrome (40-95%), SLE (10-20%)
SS-B	Sjogren's Syndrome (40-95%), SLE (10-20%)
Scl-70	Scleroderma(20-59%-all, 70%-diffuse), CREST(13%)
Ku	PM/DM & Progressive Systemic Sclerosis (30-55%), SLE (10%)
PM-Scl 100	PM/DM/Overlap Syndromes(50-70%) & Progressive Systemic Sclerosis (5-10%)
Mi-2	Specific for Dermatomyositis
Jo-1	Polymyositis (23-36%)
PL-7	Idiopathic Myositis (2-3%)
PL-12	Idiopathic Myositis (2-3%)
SRP-54	Polymyositis (5%)
Ribosomes P0	SLE (10-20%)
CENP-A/B	Progressive Systemic Sclerosis (80-95%), CREST(57-82%)
PCNA	SLE (3%)

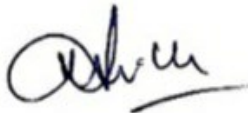


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sp100	Primary Biliary Cholangitis		
gp210	Primary Biliary Cholangitis		
M2 Recombinant	Primary Biliary Cholangitis		
M2 native	Primary Biliary Cholangitis		
F-actin	Autoimmune Hepatitis (AIH Type I)		



Dr. G. Amitha
MBBS, MD (MICROBIOLOGY)
Consultant Microbiologist

Disclaimer:

1. All results released pertain to the specimen as received by the lab for testing and under the assumption that the patient indicated or identified on the bill/test requisition form is the owner of the specimen.
2. Clinical details and consent forms, especially in Genetic testing, histopathology, as well as wherever applicable, are mandatory to be accompanied with the test requisition form. The non-availability of such information may lead to delay in reporting as well as misinterpretation of test results. The lab will not be responsible for any such delays or misinterpretations thereof.
3. Test results are dependent on the quality of the sample received by the lab. In case the samples are preprocessed elsewhere (e.g., paraffin blocks), results may be compromised.
4. Tests are performed as per the schedule given in the test listing and in any unforeseen circumstances, report delivery may be affected.
5. Test results may show inter-laboratory as well as intra-laboratory variations as per the acceptable norms.
6. Genetic reports as well as reports of other tests should be correlated with clinical details and other available test reports by a qualified medical practitioner. Genetic counselling is advised in genetic test reports by a qualified genetic counsellor, medical practitioner or both.
7. Samples will be discarded post processing after a specified period as per the laboratory's retention policy. Kindly get in touch with the lab for more information.
8. If accidental damage, loss, or destruction of the specimen is not attributable to any direct or negligent act or omission on the part of Ampath Labs or its employees, Ampath shall in no event be liable. Ampath lab's liability for a lack of services, or other mistakes and omissions, shall be restricted to the amount of the patient's payment for the pertinent laboratory services.

