

**Reporting Title:** ANCA Panel for Vasculitis, S  
**Performing Location:** Rochester

**Ordering Guidance:**  
For monitoring disease activity, we advise physicians to order ANCA / Cytoplasmic Neutrophil Antibodies, Serum or MPO / Myeloperoxidase Antibodies, IgG, Serum.

**Specimen Requirements:**  
**Collection Container/Tube:**  
**Preferred:** Serum gel  
**Acceptable:** Red top  
**Submission Container/Tube:** Plastic vial  
**Specimen Volume:** 1 mL  
**Collection Instructions:** Centrifuge and aliquot serum into a plastic vial.

**Forms:**  
If not ordering electronically, complete, print, and send 1 of the following forms with the specimen:  
[-General Request](#) (T239)  
[-Renal Diagnostics Test Request](#) (T830)

Specimen Type	Temperature	Time	Special Container
Serum	Refrigerated (preferred)	21 days	
	Frozen	21 days	

**Result Codes:**

Result ID	Reporting Name	Type	Unit	LOINC®
MPO	Myeloperoxidase Ab, S	Numeric	U	48404-8
PR3	Proteinase 3 Ab (PR3), S	Numeric	U	74106-6

LOINC® and CPT codes are provided by the performing laboratory.

**Supplemental Report:**  
No

**Components:**

Test Id	Reporting Name	CPT Units	CPT Code	Always Performed	Available Separately
MPO	Myeloperoxidase Ab, S	1	83516	Yes	Yes
PR3	Proteinase 3 Ab (PR3), S	1	83516	Yes	Yes

**CPT Code Information:**

83516 x 2  
86036 (if appropriate)

Reflex Tests:

Test Id	Reporting Name	CPT Units	CPT Code	Always Performed	Available Separately
ANCA	Cytoplasmic Neutrophilic Ab, S	1	86036	No	Yes

Result Codes for Reflex Tests:

Test ID	Result ID	Reporting Name	Type	Unit	LOINC®
ANCA	3114	c-ANCA	Alphanumeric		In Process
ANCA	3119	p-ANCA	Alphanumeric		17357-5

Reference Values:

MYELOPEROXIDASE ANTIBODIES, IgG  
<0.4 U (negative)  
0.4-0.9 U (equivocal)  
> or =1.0 U (positive)  
Reference values apply to all ages.

PROTEINASE 3 ANTIBODIES, IgG  
<0.4 U (negative)  
0.4-0.9 U (equivocal)  
> or =1.0 U (positive)  
Reference values apply to all ages.