

**Reporting Title:** Proteinase 3 Ab (PR3), S**Performing Location:** Rochester**Specimen Requirements:**

Collection Container/Tube:

Preferred: Serum gel

Acceptable: Red top

Submission Container/Tube: Plastic vial

Specimen Volume: 0.5 mL

Collection Instructions: Centrifuge and aliquot serum into a plastic vial.

**Specimen Minimum Volume:**

0.35 mL

**Forms:**

If not ordering electronically, complete, print, and send a Renal Diagnostics Test Request (T830) with the specimen.

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

**Result Codes:**

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

LOINC and CPT codes are provided by the performing laboratory.

**Supplemental Report:**

No

**CPT Code Information:**

83516

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**Reference Values:**

<0.4 U (negative)

0.4-0.9 U (equivocal)

> or =1.0 U (positive)

Reference values apply to all ages.