

**Reporting Title:** Antinuclear Ab, S**Performing Location:** Rochester**Ordering Guidance:**

If suspicious of connective tissue disorder, see CTDC / Connective Tissue Disease Cascade, Serum.

If suspicious of autoimmune liver disease, see ALDG / Autoimmune Liver Disease Panel, Serum.

**Specimen Requirements:**

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:**

0.4 mL

**Forms:**

If not ordering electronically, complete, print, and send 1 of the following forms with the specimen:

-General Request (T239)

-Gastroenterology and Hepatology Test Request (T728)

-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®
ANA2	Antinuclear Ab, S	Numeric	U	94875-2

LOINC and CPT codes are provided by the performing laboratory.

**Supplemental Report:**

No

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**CPT Code Information:**

86038

**Reference Values:**

Negative: < or =1.0 U

Weakly positive: 1.1-2.9 U

Positive: 3.0-5.9 U

Strongly positive: > or =6.0 U

Reference values apply to all ages.