

## Overview

### Useful For

[Confirmation testing for dsDNA IgG antibodies in patients with clinical features of systemic lupus erythematosus or at-risk for disease](#)

This test may not be used independently for monitoring treatment response or establishing remission.

### Testing Algorithm

See [Connective Tissue Disease Cascade \(CTDC\)](#) in Special Instructions

### Special Instructions

- [Connective Tissue Disease Cascade \(CTDC\)](#)

### Method Name

Only orderable as reflex. For more information see ADNAR / DNA Double-Stranded (dsDNA) Antibodies with Reflex, IgG, Serum.

Indirect Immunofluorescence

### NY State Available

Yes

## Specimen

### Specimen Type

Serum

### Specimen Required

Only orderable as reflex. For more information see ADNAR / DNA Double-Stranded (dsDNA) Antibodies with Reflex, IgG, Serum.

### Specimen Minimum Volume

0.2 mL

### Specimen Stability Information

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

## Clinical & Interpretive

### Clinical Information

Double-stranded DNA (dsDNA) antibodies are systemic lupus erythematosus (SLE)-specific antibodies and are part of the immunology domain of the 2019 European League Against Rheumatism (EULAR)/American College of Rheumatology (ACR) classification criteria for SLE (1) as well as a previous guidance on SLE diagnosis.(2) The *Crithidia luciliae* indirect immunofluorescence test (CLIFT) is widely used as a confirmatory test following a positive dsDNA IgG result obtained by a solid-phase immunoassay due to its structural or analytical specificity.(3-5)

[The CLIFT \(dsDNA\) test is indicated in patients who are positive for anti-cellular antibody \(also known as antinuclear antibody \[ANA\]\) homogeneous pattern \(6\) using HEp-2 substrate by indirect immunofluorescence assay \(IFA\) following a positive result for dsDNA IgG using a solid-phase immunoassay \(eg, enzyme-linked immunosorbent assay or multiplex bead assay\).\(3,4\) A positive CLIFT result is usually associated with the presence of moderate-to-high affinity dsDNA IgG antibodies. The CLIFT result may be negative and the immunoassay positive for dsDNA IgG in SLE patients with inactive \(remission\) disease or in patients with early disease.\(3,4,7\) Discordant results between CLIFT and solid-phase immunoassays may also be due to differences in the structural specificities of DNA analytes as well as the absence of reliable reagents to harmonize available clinical tests.\(3,5,8\)](#)

A minority of SLE patients may test negative using HEp-2 by IFA for nuclear antibodies.(9) Testing antibodies associated with the HEp-2 IFA cytoplasmic pattern such as ribosomal P IgG autoantibodies may be useful if features of neuropsychiatric disease are present.(9) Alternatively, patients may be tested for Smith, ribonuclear protein (RNP), sulfosalicylic acid (SSA)-52 and SSA-60 antibodies.(6,9)

### Reference Values

Only orderable as reflex. For more information see ADNAR / DNA Double-Stranded (dsDNA) Antibodies with Reflex, IgG, Serum.

Negative

### Interpretation

A positive result for double-stranded DNA (dsDNA) IgG antibodies in the appropriate clinical context is highly suggestive of systemic lupus erythematosus (SLE). The presence of dsDNA IgG antibodies detected using the *Crithidia luciliae* indirect immunofluorescence test is highly specific for SLE with moderate sensitivity. A negative result does not rule out

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a diagnosis of SLE.

**Cautions**

IgG antibodies to double-stranded DNA (dsDNA) by *Crithidia luciliae* indirect immunofluorescence test (CLIFT) is reported qualitatively (positive or negative). For semiquantitative assessment of IgG antibodies to dsDNA, see results from ADNA / Double-stranded Antibodies, IgG, Serum.

A weak positive result dsDNA IgG by enzyme-linked immunosorbent assay with a CLIFT negative result may be suggestive of early disease, inactive disease, or a false positive result.

A positive result for IgG antibodies to dsDNA by *Crithidia luciliae* may occur in patients with diseases other than systemic lupus erythematosus (SLE).

A negative result does not exclude a diagnosis of SLE.

**Clinical Reference**

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3. Enocsson H, Sjowall C, Wirestam L, et al: Four anti-dsDNA antibody assays in relation to systemic lupus erythematosus disease specificity and activity. *J Rheumatol.* 2015 May;42(5):817-825. doi: 10.3899/jrheum.140677
4. Sarbu MI, Salman-Monte TC, Munoz PR, Lisbona MP, Bernabe MA, Carbonell J: Differences between clinical and laboratory findings in patients with recent diagnosis of SLE according to the positivity of anti-dsDNA by the *Crithidia luciliae* method. *Lupus.* 2015 Oct;24(11):1198-1203. doi: 10.1177/0961203315573852
5. Rekvig OP: Autoimmunity and SLE: factual and semantic evidence-based critical analyses of definitions, etiology, and pathogenesis. *Front Immunol.* 2020 Oct 6;11:569234. doi: 10.3389/fimmu.2020.569234
6. Damoiseaux J, Andrade LEC, Carballo OG, et al: Clinical relevance of HEp-2 indirect immunofluorescent patterns: the International Consensus on ANA patterns (ICAP) perspective. *Ann Rheum Dis.* 2019 Jul;78(7):879-889. doi: 10.1136/annrheumdis-2018-214436
7. Bragazzi NL, Watad A, Damiani G, Adawi M, Amital H, Shoenfeld Y: Role of anti-DNA auto-antibodies as biomarkers of response to treatment in systemic lupus erythematosus patients: hypes and hopes. *Insights and implications from a*

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comprehensive review of the literature. Expert Rev Mol Diagn. 2019 Nov;19(11):969-978. doi: 10.1080/14737159.2019.1665511

8. Fox BJ, Hockley J, Rigsby P, Dolman C, Meroni PL, Ronnelid J: A WHO Reference Reagent for lupus (anti-dsDNA) antibodies: international collaborative study to evaluate a candidate preparation. Ann Rheum Dis. 2019 Dec;78(12):1677-1680. doi: 10.1136/annrheumdis-2019-215845

9. Choi MY, Clarke AE, St Pierre Y, et al: Antinuclear antibody-negative systemic lupus erythematosus in an international inception cohort. Arthritis Care Res (Hoboken). 2019 Jul;71(7):893-902. doi: 10.1002/acr.23712

## Performance

### Method Description

[Autoantibodies in the test specimen bind to the kinetoplast of \*Crithidia luciliae\*, a flagellate parasite which is bound to the slide. The kinetoplast is a complex network of interlocking circular double-stranded DNA \(dsDNA\) molecules and is the substrate of this test. Washing removes excess serum from the substrate. Fluorescein conjugated \(FITC\) antiserum added to the substrate attaches to the bound autoantibody. After a second washing step to remove excess conjugate, the substrate is cover slipped and viewed for fluorescent patterns with a fluorescent microscope. Observation of specific fluorescent patterns on the substrate indicates the presence of autoantibodies in the test sample.\(Package insert: \[Bio-Rad Kallestad Crithidia luciliae Substrate. Bio-Rad Laboratories; 06/2015\]\(#\)\)](#)

### PDF Report

No

### Specimen Retention Time

14 days

### Performing Laboratory Location

Rochester

## Fees & Codes

### Test Classification

This test has been cleared, approved, or is exempt by the US Food and Drug Administration and is used per manufacturer's instructions. Performance characteristics were verified by Mayo Clinic in a manner consistent with CLIA requirements.

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**CPT Code Information**

86255

**LOINC® Information**

Test ID	Test Order Name	Order LOINC Value
CRITH	dsDNA Ab by Crithidia IFA, IgG, S	58466-4

Result ID	Reporting Name	LOINC®
62925	dsDNA Ab by Crithidia IFA, IgG, S	58466-4
37268	Crithidia Interpretation	69048-7