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**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**Specimen Volume:**0.5 mL**Forms:**

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

[-General Request \(T239\)](#)[-Gastroenterology and Hepatology Client Test Request \(T728\)](#)[-Renal Diagnostics Test Request \(T830\)](#)

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

**Supplemental Report:**

No

**CPT Code Information:**

86038

**Reference Values:**

Negative: &lt; or =1.0 U

Weakly positive: 1.1-2.9 U

Positive: 3.0-5.9 U

Strongly positive: &gt; or =6.0 U

Reference values apply to all ages.