

**Reporting Title:** Cytoplasmic Neutrophilic Ab, S  
**Performing Location:** Mayo Clinic Laboratories - Rochester Superior Drive

**Additional Testing Requirements:**  
When used for diagnosis, it is recommended that specific tests for proteinase 3 antibodies and myeloperoxidase antibodies be performed first, with additional testing for anti-neutrophil cytoplasmic antibodies only needed in certain circumstances.(3) A testing algorithm based on these recommendations is available. For more information see VASC / Antineutrophil Cytoplasmic Antibodies Vasculitis Panel, Serum.

**Specimen Requirements:**  
**Supplies:** Sarstedt Aliquot Tube, 5 mL (T914)  
**Collection Container/Tube:**  
**Preferred:** Serum gel  
**Acceptable:** Red top  
**Submission Container/Tube:** Plastic vial  
**Specimen Volume:** 0.8 mL  
**Collection Instructions:** Centrifuge and aliquot serum into 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®
3114	c-ANCA	Alphanumeric		In Process
3119	p-ANCA	Alphanumeric		17357-5

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

**Supplemental Report:**  
No

**CPT Code Information:**  
86036 x2  
86037-Titer (if appropriate)

**Reference Values:**  
<1:4 (Negative)

