

Reporting Title: Cytoplasmic Neutrophilic Ab, S
Performing Location: Rochester

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)

