MAYO CLINIC LABORATORIES

NEW TEST

Notification Date: December 16, 2025
Effective Date: December 23, 2025

Antinuclear Antibodies, HEp-2 Substrate, IgG, with Reflex, Serum

Test ID: RAIFA

Useful for:
Evaluation of patients suspected of having systemic autoimmune rheumatic disease (antinuclear antibody-associated rheumatic diseases or connective tissue diseases), especially systemic lupus erythematosus, mixed connective tissue disease and Sjogren syndrome

Reflex Tests:

Test ID	Reporting Name	Available Separately	Always Performed
ADNA1	dsDNA Ab, IgG, S	Yes	No
RNP	RNP Ab, IgG, S	Yes	No
SCL70	Scl 70 Ab, IgG, S	Yes	No
SM	Sm Ab, IgG, S	Yes	No
SSA	SS-A/Ro Ab, IgG, S	Yes	No
SSB	SS-B/La Ab, IgG, S	Yes	No

Testing Algorithm:
If human epithelial type 2 (HEp-2) indirect immunofluorescence assay (IFA) result is positive with a titer of 1:80 or greater, then a titer and pattern will be reported.

If positive for a homogeneous, speckled, or dense fine speckled pattern, then reflex confirmatory testing for double-stranded DNA antibodies (Ab), ribonucleoprotein Ab, Scl-70 Ab, Sm Ab, SS-A/Ro Ab, or SS-B/La Ab will be performed at an additional charge. If confirmatory tests are negative, consideration for other ANA-associated antibodies may be required for evaluation. Other confirmatory autoantibodies may be performed based on reported patterns or clinical suspicion.

Methods:
Indirect Immunofluorescence Assay (IFA)

Reference Values:
<1:80 (negative)

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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:	0.7 mL
Collection Instructions:	Centrifuge and aliquot serum into a plastic vial.
Minimum Volume:	0.5 mL

Specimen Stability Information:

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

Cautions:

Some patients without clinical evidence of systemic autoimmune rheumatic disease (SARD) may be positive for anti-cellular antibodies. This occurs at variable prevalence depending on the patient demographics. A positive result may also precede clinical manifestation of SARD or be associated with some viral or chronic infections, cancers, or use of certain medications. All results must be reported in the appropriate clinical context as the performance of the test can be variable.

Reflex testing is limited to specimens with three patterns namely, homogeneous, speckled or dense fine speckled. Not all patients with these three patterns will test positive in the confirmatory tests. Negative results do not rule out the presence of disease.

For individuals positive for other HEp-2 indirect immunofluorescence assay (IFA) patterns, additional testing may be available based on the pattern present, clinical suspicion, or availability of reliable antibody tests. In patients with certain autoimmune diseases such as myositis and Sjogren syndrome, testing for specific antibodies may be indicated in the absence of antinuclear antibody positivity using HEp-2 IFA.

CPT Code:

86039

Day(s) Performed: Monday through Saturday **Report Available:** 3 to 4 days

Note:

The following referral test code(s) will become obsolete.

Test Name	Test ID	Referral Lab Code	Referral Lab
Antinuclear Antibody (ANA), with HEp-2 Substrate, IgG by IFA with Reflex by Pattern	ZW242	3000601	ARUP Laboratories

Questions

Contact Amy Ennis, Laboratory Resource Coordinator at 800-533-1710.

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