Antinuclear Antibody Disease Testing

**INDICATIONS FOR TESTING**
Evaluation of autoimmune diseases, especially SARD\(^a\) and ALD\(^b\)

**ORDER**
Antinuclear antibody testing by IFA

**Negative**
(no nuclear or cytoplasmic staining observed; other unreported patterns may be present)

**Positive**
(nuclear staining observed)

See Antinuclear Antibody Testing - Nuclear Patterns algorithm

See Antinuclear Antibody Testing - Cytoplasmic Patterns algorithm

### Abbreviations
- ALD: Autoimmune liver disease
- AIH: Autoimmune hepatitis
- AMA: Antimitochondrial antibody
- ANA: Antinuclear antibody
- DM: Dermatomyositis
- IFA: Indirect fluorescent antibody (assay)
- MCTD: Mixed connective tissue disease
- PBC: Primary biliary cholangitis
- PM: Polymyositis
- SARD: Systemic autoimmune rheumatic disease
- SjS: Sjögren syndrome
- SLE: Systemic lupus erythematosus
- SSC: Systemic sclerosis
- UCTD: Undifferentiated connective tissue disease

\(^a\)SARD includes SLE, SjS, MCTD, UCTD, and SSC as well as inflammatory myopathies such as PM, DM, necrotizing myositis, and their overlap syndromes.

\(^b\)ALD includes PBC, AIH, and their overlap syndrome.

\(^c\)Reported nuclear patterns include centromere, homogeneous, nuclear dots, nucleolar, speckled, and any combinations of these. False-positive results may be induced by age, certain infections, cancers, and drugs.

\(^d\)Reported cytoplasmic patterns include reticular/AMA, speckled, discrete dots/GW body-like, golgi/polar, and rods/rings.

**Reference**