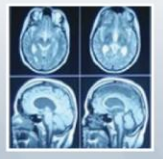
DIAGNOSTIC SERVICES OF MANITOBA SERVICES DE DIAGNOSTIC DU MANITOBA

Physician Alert


May 5, 2015

AUTOIMMUNE TESTING LABORATORY

Effective May 25, 2015, the laboratory will be transitioning methodology from Enzyme Immuno Assay (EIA), to multiplex technology (magnetic bead-based flow cytometric multiplex immunoassay) for a large portion of the menu.

It is expected that this random access analyzer will improve Turn-Around-Time and service sustainability, with excellent quality.

This change will affect testing for systemic autoimmune diseases, rheumatoid arthritis, antiphospholipid syndrome, autoimmune vasculitis, inflammatory bowel disease-associated serology, and gluten/celiac disease.

Results will reported in numerical units, and accompanied with the new normal range (cut off), except for ANA SCREEN (qualitative result).

Physicians are reminded that these tests are of best predictive value if there is an appropriate clinical context for the disorder. In most instances, a serologic result in isolation, whether positive of negative, should not be consider diagnostic.

(1) ANTINUCLEAR ANTIBODY (ANA)

The current ANA screen will be replaced by an **ANA SCREEN** including the following specificities:

dsDNA, SS-A(52kD), SS-A (60 kD), SS-B, Sm, Scl-70, Jo-1, as well as Sm/RNP, RNPa, RNP 68 Centromere, Chromatin, and Ribosomal P

Results for the ANA screen test will be either negative or positive. No reflex testing will be triggered.

The current extractable nuclear antigens can be ordered as a group (ENA), or as separate individual antibody tests, as well as dsDNA.

The IF ANA (Hep-2) test will not be routinely performed, but remain available to specialists for selected diagnostic purposes.

(2) ARTHRITIS: **Cyclic Citrullinated Peptide (CCP)** only the normal range will change

(3) VASCULITIS ANTIBODY TESTING (ANCA) includes the following two tests:

- **MPO**
- **PR3**

Immunofluorescence antineutrophil cytoplasmic antibody (ANCA) will not be performed for this purpose, unless specifically requested. Please contact the laboratory to add if required.

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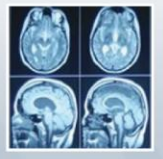


(4) GLUTEN/CELIAC TESTING:

- **Tissue Trans-Glutaminase(TTG) IgA**. The test includes a control to detect high likelihood of IgA deficiency. This finding will trigger testing for **the IgG anti-TTG**.
- **Endomysial antibody** testing will be performed for positive TTG IgA tests. Endomysial antibody test can also be ordered separately.

(5) ANTI-PHOSPHOLIPID ANTIBODY TESTING:

The current test will be substituted by the following recommended measurements:

- **Cardiolipin IgG and IgM**
- **Beta-glycoprotein IgG and IgM**

These can also be ordered separately by using the "*additional test box*".

(6) BOWEL AUTOIMMUNE TESTING The following separately orderable tests will be available:

- Saccharomyces cerevisiae antibodies (**ASCA IgG and IgA**) by EIA. There will be a kit change with a new reference range. The new kit is reported to be sensitive for Crohn's disease, but less frequently positive in other autoimmune disorders not associated with bowel disease.
- Neutrophil Specific Antibody (NSE, ANCA) Immunofluorescence

A revision of the Laboratory Information Manual (LIM) to include these changes will be made prior to the effective date. https://apps.sbgh.mb.ca/labmanualviewer/index.do

The DSM Immunology Requisition #54105 has also been updated. The revised version will be available on the May 25, 2015.

Any questions or concerns may be directed to:

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