Test Code	Test Name	Methodology	Clinical Utilities
140	ACTIVATED PROTEIN C RESISTANCE (APCR)	COAG	Screening test for Factor V Leiden, with sensitivity ap-proaching 100%. APCR is the most commonly recognized abnormality among patients with venous thromboembolism. Homozygous Factor V Leiden patients have 80-fold in-creased risk for thrombosis; Homozygous Factor V Leiden patients have approximately 7-10 fold increased risk. APCR positive patients have an increased risk of fetal loss.
338	ALPHA 1-ANTITRYPSIN	NEPH	Measurement of alpha-1-antitrypsin aids in the diagnosis of juvenile and adult cirrhosis of the liver. Alpha 1-antitrypsin deficiency has been associated with Neonatal Respiratory Distress Syndrome, severe protein-losing disorders, and Pulmonary Emphysema.
147	ANGIOTENSIN CONVERTING ENZYME (ACE)	KS	ACE is increased in some cases of Active Sarcoidosis. Sensitivity about 75%, specificity about 95%. Elevated ACE levels will return to normal in Sarcoidosis as a result of spontaneous or corticosteroid-induced remission. Decreas-ed ACE activity is found in patients having Chronic Obstruc-tive Lung Disease, Lung Cancer, Emphysema, and Cystic Fibrosis. ACE may modulate some cardiovascular diseases.
105	ANTI-ACTIN AB	EIA	Anti-actin autoantibodies are the main component of what have been called smooth muscle antibodies (ASMA). Anti-actin abs are found in 52-85% of patients with Active Infectious Hepatitis (AIH) or Chronic Active Hepatitis (CAH) and in 22% of patients with Primary Biliary Cirrhosis (PBC).
10	ANTI-ADRENAL AB	IFA	Adrenal ab (AA) is a marker, particularly in females, for a gonadal dysfunction due to Autoimmune Oophoritis. AA is detected in about two-thirds of patients with idiopathic Addison Disease.
185 & 184	ANTI-ALPHA FODRIN, IgA & IgG ABS	EIA	According to the latest findings, the routine screening for antibodies directed against alpha fodrin can be a useful tool in diagnosing early stage Sjogren's Syndrome.
6	ANTI-BETA-2-GLYCOPROTEIN I ABS, IgG, IgA & IgM	EIA	The presence of β_2 GPI IgA, IgG and IgM abs can be used in conjunction with clinical findings and other laborato-ry tests to aid in the diagnosis of certain autoimmune throm-botic disorders, such as Antiphospholipid Syndrome and Systemic Lupus Erythematosus (SLE) or other lupus-like thrombotic diseases.

158	ANTI-C1q IgG AB	EIA	Serial testing shows that increasing amounts of IgG anti-C1q predict renal flares in SLE patients. Elevated serum titers of anti-C1q abs tend to be associated with proliferative forms of Lupus, Glomerulonephritis and subendothelial deposits of immune complexes.
9	ANTI-CARDIOLIPIN ABS, IgG, IgA & IgM ISOTYPES	EIA	Anticardiolipin antibodies (ACA) have been strongly asso· ciated with venous and arterial thrombosis. These findings were first observed during studies on SLE, recurrent preg-nancy loss and thrombocytopenia. Combined testing for phosphatidylserine antibodies and lupus anticoagulant (LA) in addition to ACA improve the sensitivity.
12	ANTI-CENTROMERE AB	IFA	The most common setting for finding anti-centromere abs is in patients with a limited cutaneous form of Scleroderma. Anti-centromere abs are found in 22% of patients with Systemic Sclerosis and in 12% of patients with Primary Biliary Cirrhosis. Anti-centromere abs are rarely present in normal individuals.
78	ANTI-CHROMATIN AB, IgG	EIA	Chromatin is comprised of native DNA wrapped around the $(H2A\text{-}H2B\text{-}H3\text{-}H4)^2$ histone octamer, with histone H1 and some non-histone proteins associated. The presence of chromatin antibodies can be used in conjunction with clinical findings and other laboratory tests to aid in the diagnosis of drug-induced lupus (DIL) and SLE.
165	ANTI-CYCLIC CITRULLINATED PEPTIDE AB (ANTI-CCP), IgG	EIA	Anti-CCP antibodies are highly specific marker for RA. The specificity of anti-CCP was 97% relative to disease controls (11/333 were positive), and 99% specific versus normal controls (1100 being positive). The sensitivity of anti-CCP for both seropositive and seronegative RA taken together was 87% (155/179), 93% of seropositive RA was positive (144/155), and 46% of seronegative disease (11/24) was positive. The majority of RA sera were strongly reactive in anti-CCP assay.

14	ANTI-DNA AB (SINGLE STRANDED)	EIA	Single-stranded DNA (ssDNA) abs aid in the diagnosis of SLE and related Connective Tissue Diseases. Anti-ssDNA are found in 80-90% of SLE patients during the admini-stration of certain drugs (e.g., procainamide or quinidine) and other autoimmune diseases including Rheumatoid Arthritis, Scleroderma, Linear Localized Scleroderma, Polymyositis -Dermatomyositis, Sjogren Syndrome, Mixed Connective Tissue Disease (MCTD) and overlap syn-dromes, Myasthenia Gravis, Chronic Active Hepatitis, Infectious Mononucleosis, chronic Glomeruloephritis, and Biliary Cirrhosis.
38	ANTI-dsDNA AB (CRITHIDIA)	IFA	Crithidia IFA method couples a good sensitivity to high disease specificity and is one of the preferred methods for screening for the presence of anti-dsDNA. The method detects the intermediate to high avidity anti-dsDNA abs.
13	ANTI-dsDNA AB (FARR ASSAY, DOUBLE STRANDED)	RIA	The Farr method detects the high-affinity anti-dsDNA abs. The Farr assay is the most sensitive method for detecting dsDNA abs. Significant elevations in dsDNA ab concentra-tions confirm the diagnosis of SLE. Serial studies of ele-vated values of dsDNA abs are useful for predicting activity of SLE and for measurement of serum C3 or C4 concentra-tions. Absence of dsDNA abs does not exclude the diag-nosis of SLE. Doubling of dsDNA ab concentrations, or in-creases greater than 30 IU/mL in less than 10 weeks are re-liably predictive of exacerbations of SLE. A simultaneous decrease in serum C4 complement enhances this predictive value.
136	ANTI-dsDNA AB by ELISA	EIA	Anti-dsDNA abs by EIA aid in the diagnosis of SLE and related Connective Ttissue Diseases. The EIA method can detect the low to high avidity of anti-dsDNA abs. It is not specific for active SLE only, other autoimmune diseases such as Scleroderma, Autoimmune Hepatitis, Sjogren's Syndrome, and Myasthenia Gravis were positive for anti-dsDNA by EIA.
514	ANTI-ENA ABS (ANTI-SM & ANTI-RNP)	EIA	Anti-ENA aid in the diagnosis of SLE, and related Connec-tive Tissue Diseases, such as Sjogren's Syndrome. Anti-Sm is highly specific for SLE. Anti-RNP is found with a variety of rheumatoid diseases with high titers associated mainly with MCTD.

52	ANTI-ENDOMYSIAL AB, IgA	IFA	Endomysial abs of IgA are found in at least 70-80% of patients with Dermatitis Herpetiformis (DH) on a normal gluten-containing diet and 100% with Celiac Disease (CD) [gluten-sensitive enteropathy] with severe villous atrophy. The sensitivity in untreated CD is 85 –100%. The specificity for active gluten-sensitive enteropathy is over 98%.
50	ANTI-GLIADIN AB, IgG & IgA	EIA	IgG and IgA gliadin abs (GA) are useful in screening persons at risk for Celiac Disease (CD), assessing patients clinically suspect for CD or other gluten-sensitive entero-pathies (GSE) and for monitoring compliance with a gluten-free diet (GFD). For, CD, anti-gliadin IgG are more sensitive (about 100%) than IgA (about 50%), but IgA antibodies are more specific (about 95%) than IgG (about 60%).
956	ANTI-GLOMERULAR BASEMENT MEMBRANE AB (ANTI-GBM)	EIA	Anti-GBM abs are recognized as being important in the pathogenesis of the rapidly progressive Glomerulonephritis of Goodpasture's Syndrome (GS). Detects the presence of circulating glomerular basement membrane-specific abs in autoimmune renal disorders such as GS.
15	ANTI-HISTONE AB	EIA	Anti-histone abs aid in the diagnosis of SLE, drug-induced SLE and related Connective Tissue Diseases, such as Rheumatoid Arthritis, Dermatomyositis and Sjogren's Syndrome. Determination of the patient's histone antibody status may be useful in the differential diagnosis between SLE and drug induced SLE.
53	ANTI-ISLET CELL AB	IFA	Multiple abs are detected in the Islet Cell IgG abs assay (ICA), including glutamic acid decarboxylase (GAD) abs. Sensitivity in new Insulin-dependent Diabetes Mellitus is usually over 80%. Specificity is greatly improved if subjects have both ICA abs such as GAD and anti-insulin abs.
17	ANTI-JO 1 AB	DD	Jo-1 abs are found in approximately 30% of adult patients with Myositis (including Polymyositis, Dermato-myositis and overlap syndromes) and particularly common (about 60%) in patients with both Myositis and Interstitial Lung Disease (Cryptogenic Fibrosing Aveolitis or Pulmonary Interstitial Fibrosis).
526	ANTI-LA AB (SS-B)	EIA	Abs to SS-B/La antigen are detected by EIA in 70 –90% of primary and about 50% of secondary Sjogren Syndrome (SS) as well as in 30% of SLE and 80% of Subacute Cutaneous Lupus and majority of infants with Complete Heart Block.

129	ANTI-LIVER/KIDNEY MICROSOMAL AB	EIA	The LKM-1 reactivity is characterized by staining of the hepatocyte cytoplasm and the proximal, but not the distal kidney tubules. Patients with AIH, type 2a disease tend to be young, female, have severe disease, have low IgA levels, have a good response to immunosuppressive therapy, and are Hepatitis C Virus (HCV) negative. The major target antigen of LKM-1 antibodies has been identified as cyto-chrome P450 2D6, a microsomal protein found in the endo-plasmic reticulum. LKM-1 antibodies have been reported in up to 8% of patients with chronic HCV infection.
128	ANTI-MITOCHONDRIAL AB (M2)	EIA	Antimitochondrial abs (AMA) have been reported in 90-96% of patients with Primary Biliary Cirrhosis (PBC). AMA are also occasionally found in sera of patients with other liver conditions, including Chronic Active Hepatitis, Cryptogenic Cirrhosis and in patients with clinical, but no biochemical evidence of Liver Disease.
88	ANTI-MYELOPEROXIDASE AB (ANTI-MPO)	EIA	Anti-MPO abs aid in assessment of certain autoimmune vasculitides such as Microscopic Polyarteritis, and Crescentic Glomerulonephritis. MPO is the main target antigen for the antineutrophil cytoplasmic abs (ANCA) which give a perinuclear (P-ANCA) immuno-fluorescence pattern.
19	ANTI-MYOCARDIAL AB	IFA	Myocardial abs are found in a variety of clinical conditions including Dressler Syndrome. The titer also rises in about 66% of patients with coronary artery bypass and need not be related to Post Cardiotomy Syndrome. The abs are found in most patients with Acute Rheumatic Fever.
156	ANTI-NEURONAL ANTIBODY (IgG)	FC	Neurologic and/or psychiatric manifestations occur in up to two thirds of patients with SLE. The cerebral manifestations are extremely diverse, ranging from mild depression to severe, life-threatening presentations. Studies have shown that anti-neuronal abs are more frequently found in the blood and CSF of Neuropsychiatric Lupus Erythematosus (NPLE) patients to a much greater frequency than in SLE patients without NPLE. The study shows that serial test results of anti-neuronal ab appear to correlate well with clinical response to SLE therapy. Detection of serum or CSF anti-neuronal IgG abs using the SK-N-MC may provide laboratory correlative evidence for the diagnosis of NPLE but must be used as an adjunct to clinical and other laboratory findings.

990	ANTI-NEUTROPHIL CYTOPLASMIC AB (ANCA)	IFA	C-ANCA and P-ANCA are typically of the IgG isotype. C-ANCA are frequently reactive with PR-3, P-ANCA frequently react with MPO. ANCA/MPO abs are found in 30% of Glomerular Basement membrane Disease. Eighty-eight percent of patients with vasculitis-associated pulmonary hemorrhage have elevated IgM ANCA; whereas, no patients who are IgM ANCA-negative have pulmonary hemorrhage. IgA ANCA is associated with Cholangitis, Kawasaki disease, Cystic Fibrosis and Henoch-Schonlein Purpura.
20	ANTI-NUCLEAR AB (FANA)	IFA	ANA by IFA is a screening test for the presence of these abs and as a screening test for SLE. ANA are commonly found in a variety of autoimmune diseases. Antibody frequency increases with age in apparently healthy people. ANA patterns on Hep-2 slides provide only general clues about particles (chromatin, nucleosomes, and spliceosomes). ANA patterns (other than centromere pattern) are not reli-ably correlated with the presence of specific abs, and must be further evaluated by EIA using individual ENA antigens.
205	ANTI-NUCLEAR AB (FANA), BODY FLUID	IFA	See Anti-Nuclear Ab, #20.
55	ANTI-OVARY AB	IFA	Anti-ovary abs are present in 78% of patients with prema-ture ovarian failure and Addison Disease.
21	ANTI-PARIETAL CELL AB	IFA	Early studies emphasized the high frequency (90-100%) of parietal cell abs (PCA) in Pernicious Anemia (PA); but low frequency (about 55%) in younger patients. Explanations for the seronegative cases in Pernicious Anemia patients could include: a. Juvenile PC prior to the development of abs, b. an immunological reaction restricted to a cellular response rather than ab response, c. exhausttion of autoimmune response as the parietal cell abs are deve-loped, d. incorrect diagnosis, e. unrecognized abs directed towards highly sensitive epitopes.
8	ANTI-PHOSPHATIDYLSERINE ABS, IgG & IgM	EIA	Patients with positive reactions to both cardiolipin and phosphatidylserine were more likely to have clinical compli-cations than those positive for only one. Higher prevalence and mean serum levels of IgG antiphosphatidylserine abs have been reported in autoimmune patients. In addition, anti-phosphatidylserine abs in SLE patients correlated with clinical manifestations of anti-phospholipid syndrome and their pathogenic role has been demonstrated in a murine model.

22	ANTI-PM/SCL AB	DD	PM/Scl abs are found in patients with homogenous overlap Connective Tissue Disease characterized by Raynaud Phenomenon, Scleroderma, Myositis, Arthritis and Pulmon-ary Restriction. The presence of PM/Scl abs is a good prognostic sign unlike the poor prognosis seen with other myositis-specific and systemic sclerosis-specific abs.
73	ANTI-PROLIFERATING CELL NUCLEAR AB (ANTI-PCNA)	DD	Anti-proliferating cell nuclear abs (PCNA) are found in <10% of SLE patients. The presence of PCNA is associated with renal involvement, CNS involvement and Thrombocytopenia in SLE; PCNA titers are elevated prior to development of Proteinuria and decrease following corticosteroid treatment.
89	ANTI-PROTEINASE 3 AB (PR-3)	EIA	PR-3 ab aid in assessment of certain autoimmune vascu-litides such as Microscopic Polyarteritis, and Crescentic Glomerulonephritis. PR-3 is the major target antigen of antineutrophil cytoplasmic abs (ANCA) that give a cytoplas-mic (C-ANCA) immunofluorescence pattern. Elevated levels of PR-3 abs are classically observed in patients with Weg-ener Granulomatosis (WG), particularly with active disease and less frequently in other forms of Necrotizing Vasculitis.
23	ANTI-RETICULIN Ab, IgG & IgA	IFA	Anti-reticulin abs (ARA) IgA are highly specific (>98%) for untreated Celiac Disease (CD). Sensitivity of ARA IgA in untreated, biopsy-proven CD is 90-95%. ARA IgG bs can be very useful in IgA-deficient individuals being evaluated for CD.
72	ANTI-RIBOSOMAL P PROTEIN AB	EIA	Ribiosomal P protein abs (RPPA) are detected in 45-90% of patients with severe Depression or Psychosis due to SLE, also 7 – 20% in non-psychotic SLE patients. RPPA are occasionally found in Sjogren Syndrome associated with SLE and CNS complications, and uncommon in patients with Scleroderma and overlap with SLE.
149	ANTI-RNA POLYMERASE I/III IgG AB	EIA	The detection of anti-RNAP I/III abs is useful in the diagnos-is of SSc and for the identification of patients at risk for dev-eloping progressive skin thickening and renal crisis. The prevalence of IgG RNAP I/III abs is from 3 – 58% in SSC patients.
524	ANTI-RNP AB	EIA	Anti-U1snRNP abs typically appear in both SLE and MCTD. In MCTD, the presence of U1 snRNP is required for diag-nosis, whereas, anti-snRNP abs occur in only 30-40% of SLE. MCTD is typified by the high-titer RNP antibody activity in isolation; anti-RNP antibody activity in SLE commonly accompanies anti-Sm abs.

525	ANTI-RO AB (SS-A)	EIA	Anti-Ro (SS-A) abs occur in 40-50% of SLE, 60-75% of Primary Sjogren's Syndrome (PSS) and in a high proportion of secondary SS whether the associated disease is SLE, RA, PSS, Polydermatomyositis, or Primary Biliary Cirrhosis, and >90% of Subacute Cutaneous Lupus and in the vasculitis-associated SS.
515	ANTI-RO AB (SS-A) & ANTI-LA AB (SS-B) - SJOGREN'S	EIA	The association of abs to Ro and La with symptoms of dry eyes, Xerostomia and a positive Rose Bengal staining or Schirmer test has a sensitivity and specificity of 94% for Primary Sjogren's Syndrome. The fact that sera containing abs to Ro and La bind and mask abs to dsDNA might explain why SLE patients with both Ro and La antibodies have a lower frequency of dsDNA abs and a relatively low frequency of Nephritis.
944	ANTI-SACCHAROMYCES CEREVISIAE AB, IGA & IGG (ASCA)	EIA	Anti-saccharomyces cervisiae abs aid in the diagnosis of patients with Crohn's Disease. IgA abs should be used to complement, but not to replace or to substitute for ASCA IgG ab testing.
527	ANTI-SCL-70 AB	EIA	The presence of anti-Scl-70 abs confirms the diagnosis of Scleroderma but does not exclude additional diagnosis, e.g., Scleroderma and SLE or Scleroderma and Sjogren's Syndrome. Anti-Scl-7 abs are present in 20-40% of Scleroderma patients irrespective of age and in the same percentage of males and females. In American patients with proximal scleroderma, anti-Scl-70 abs are more common in Blacks than in Caucasians.
57	ANTI-SKIN AB, PEMPHIGUS & PEMPHIGOID	IFA	Skin abs are highly specific in patients with pemphigus vulgaris and P. foliaceus; the titers correlate with disease activity and may be used to monitor therapy. Skin abs (inter-epithelial) are found in 90% of patients with pemphigus vulgaris and P. foliaceus. Dermal-epidermal skin abs are abs found in 90% of patients with Bullous Pemphigoid and 90% of Cicatricial Pemphigoid.
529	ANTI-SM AB	EIA	Anti-Sm abs offer a highly specific, but relatively insensitive, clinical marker of SLE; their overall prevalence ranges from approximately 20-30% in SLE. Anti-Sm reactivity is not described definitively on other diseases, although a few studies describe SM antibodies in Monoclonal Gammo-pathies and Uveitis.

30	ANTI-SMOOTH MUSCLE AB	IFA	Smooth muscle abs (SMA) is the standard diagnostic marker of Autoimmune Hepatitis (AH), the classical expression of which includes an insidious onset of lethargy, malaise, loss of appetite, Arthralgiamyalgia, Amenorrhea, signs of Hepatosplenomegaly, Jaundice and an acneiform skin rash. The sensitivity is relatively high (at least 90%) and specificity of high titer reaction (1:40) approaches 100% for the diagnosis of AH. We see some nonspecific SMA by IFA.
126	ANTI-SOLUBLE LIVER AG	EIA	Elevated levels of SLA abs aid in the diagnosis of conditions including Autoimmune Hepatitis (AIH), type 2. AIH patients are generally divided into 2 groups based on the presence of specific abs. AIH type 1 (also referred to as classic, active chronic, lupoid, plasma cell, or Autoimmune Chronic Active Hepatitis) is the more common type of AIH.
31	ANTI-STREPTOLYSIN O AB (ASO)	NEPH	A marked rise in titer or a persistently elevated titer indicates that a Streptococcus infection or poststrepto-coccal sequelae are present. Increased ASO levels are observed in approximately 85% of the case of Rheumatic Fever or Pharyngitis associated with group A β-hemolytic streptococcal infection. ASO titers rise as early as 1 week post onset, and peak at 3-5 weeks; values typically return to normal levels within 6-12 months.
28	ANTI-STRIATED MUSCLE AB	IFA	Anti-striated muscle abs have definite diagnostic utility, especially in Myasthenia Gravis patients aged 20-60.
64	ANTI-TESTES AB	IFA	Abs can access testicular target antigens during the development of Autoimmune Orchitis.
106	ANTITHROMBIN III FUNCTION (ACTIVITY)	COAG	Low levels of antithrombin III activity are associated with an increased risk of thrombosis. Acquired deficiencies frequently occur due to consumption in Dessimated Intravascular Coagulation, following major operations, in cases of Nephrosis, in Liver Disease and in contraceptive use with estrogen. Antithrombin III function deficiency can cause heparin resistance.

32	ANTI-THYROGLOBULIN AB	CH	Autoantibodies to thyroglobulin (TG autoantibodies) are often present in patients with Autoimmune Thyroid Disease. Approximately 10 percent of healthy individuals have TG autoantibodies at low levels; higher concentrations are found in 30 and 85 percent of patients with Graves' Disease and Hashimoto's Thyroiditis, respectively. Elevated levels of abs to thyroid peroxidase (TPO autoantibodies) occur more frequently than high anti-TG levels in these diseases. Anti-TG determinations therefore do not seem to add to the diagnostic information provided by anti-TPO results.
33	ANTI-THYROID MICROSOMAL PEROXIDASE AB (TPO)	CH	In virtually all cases of Hashimoto's Disease and in the majority of Graves' Disease cases, TPO autoantibodies are elevated. High levels of TPO abs, in the context of the clinical presentation of Hypothyroidism, confirms the diagnosis of Hashimoto's Disease.
145	C1Q CIRCULATING IMMUNE COMPLEX (C1Q CIC)	EIA	Measurement of the serum concentrations of C1q binding CIC by ELISA is prognostically important. It is particularly suitable for monitoring CIC levels in patients with SLE, where the levels vary with disease activity and depressed complement responses.
35	C3 COMPLEMENT	NEPH	Measurement of C3 is used to detect individuals with inborn deficiency of this factor or those with immunologic disease whose complement is consumed at an increased rate. These include Lupus Erythematosus, Chronic Active Hepatitis, certain chronic infections, Post-streptococcal, Membranoproliferative Glomerulonephritis and other autoimmune diseases.
206	C3 COMPLEMENT, BODY FLUID	NEPH	See C3 Complement, #35.
36	C4 COMPLEMENT	NEPH	Measurement of C4 in serum is used to detect individuals with inborn deficiency of this factor or those with immunologic disease in whom complement is consumed at an increased rate. These include SLE, Chronic Active Hepatitis, certain chronic infections, Post-streptococcal, Membranoproliferative Glomerulonephritis, and other autoimmune diseases.
208	C4 COMPLEMENT, BODY FLUID	NEPH	See C4 Complement, #36.
963	CA-125	CH	Measurement of CA125 before and after cytoreductive surgery for Ovarian Cancer has been shown to predict the likelihood of a patient being left with residual disease.

339	CA19-9 (GI-MA)	CH	CA19-9 has been found in 18% of Colon Cancer patients and 67% of Hepatobiliary Cancer patients. The CA19--9 antigen has also been found in the sera of Cystic Fibrosis patients, and has been used in the serological diagnosis of the disease.
964	CARCINOEMBRYONIC AG (CEA)	CH	CEA monitors the course of Adenocarcinoma of the lung, patient response to treatment, and disease recurrence. The CEA has broad tumor specificity and the elevation is seen in cancers of the colon, rectum, stomach, breast, lung, pancreas, etc.
157	CARTILAGE OLIGOMETRIC MATRIX PROTEIN (COMP)	EIA	The elevated COMP level is an aid in identifying aggressive destruction of joint tissue in diseases such as Rheumatoid Arthritis. The COMP serum level highly correlated to the severity of Arthritis and also to clinical joint score and histopathological signs of cartilage erosion. COMP serum concentration can be used to assess cartilage degradation in inflammatory joint diseases and help guide treatment decisions. Results less than 15 U/L suggest increased risk for aggressive cartilage destruction.
601	CD4 - HELPER/INDUCER COUNT	FC	Measures the CD4 Helper T-lymphocyte population.
344	CERULOPLASMIN	NEPH	Measurement of ceruloplasmin aids in the diagnosis of copper metabolism disorders.
34	COLD AGGLUTININS	DHA	The cold hemagglutination procedure detects the presence of nonspecific cold agglutinins present in the serum of patients suspected of having Pprimary Atypical Pneumonia. The reaction occurs at low temperature but not at body temperature. The action of these agglutinins is nonspecific in that they will agglutinate the patient's own cells as well as the cells from various other animals. The agglutination is reversible; erythrocytes clumped by cold agglutinins will disperse when warmed to 37°C.
317	CORTISOL, SERUM	CH	Anomalous cortisol concentrations have been shown to exist in patients with acute infections, severe pain, Diabetes Mellitus, heart failure, and in women either pregnant or on estrogen therapy.

347	C-PEPTIDE	CH	C-peptide measurements have been used to yield information on the natural history of insulin-dependent Diabetes, to indirectly monitor insulin secretion in the presence of anti-insulin abs, and to help settle on an appropriate course of treatment. C-peptide has also been used as an additional means for evaluating glucose tolerance and glibenclamide-glucose tests.
51	C-REACTIVE PROTEIN (CRP)	NEPH	Measurement of CRP aids in the detection of inflammatory diseases, infections, surgery, stress and neoplastic diseas-es. In addition to its usual value as an acute phase reactant, CRP in large concentration (>5 mg/dL) predicts progression of erosions in RA. Elevated serum CRP is characteristic of bacterial, but not Viral Meningitis or Meningoencephalitis. It may be useful in monitoring the clinical course of these ill-nesses. Serial monitoring of serum and CSF CRP concen-trations may be useful clinically.
550	C-REACTIVE PROTEIN, ULTRASENSITIVE	NEPH	The ability to measure CRP at extremely low concentrations has raised the possibility of using CRP to detect early inflammatory responses and potentially detect Cardiac Disease in the preclinical stages. Recent evidence supporting this potential application has shown that high baseline values of CRP in individuals without a history of Cardiac Disease were associated with an increased incidence of subsequent cardiac events. It is recommend-ed, therefore, that any estimations of inflammation be based on changes in CRP values from multiple measurements and be used in conjunction with the values of other cardiac risk indicators.
324	CREATINE KINASE (CPK)	ENZ	Measurements of total creatine kinase are used in the investigation of Skeletal Muscle Disease, and in the diagnosis of Myocardial Infarction and Cerebrovascular Accidents.
138	CRYOGLOBULINS	MAC	Cryoglobulinemia is most usually associated with Plasma Cell Myeloma or Macroglobulinemia, but is also found associated with various other neoplasm, in some infectious diseases and in various systemic disorders. The most prominent symptoms attributed to Cryoglbulinemia are sensitivity to the cold, Raynauds Syndrome, Purpura or Urticaria and bleeding from mucous membranes.

715	CRYPTOCOCCAL AG, SERUM	FLOC	The Latex-Crypto Ag test is most effective for detecting the antigens of C. neoformans in the CSF of patients with Cryptococcal Meningitis. However, serum from these patients may also contain detectable levels of antigen. Sera from patients with pulmanary and osteolytic lesions due to C. neoformans may contain demonstrable levels of crypto-coccal capsular antigens.
750	CRYPTOCOCCAL AG, SPINAL FLUID	FLOC	The Latex-Crypto Ag test is most effective for detecting the antigens of C.neoformans in the CSF of patients with Cryptococcal Meningitis.
760	CYTOMEGALOVIRUS (CMV) AB, IgG	EIA	Prevalence studies based on the frequency of seropositive individuals in the general population (40-100%) shows inverse correlation between the acquisition of CMV infec-tion and the socioeconomic condition of the population.
761	CYTOMEGALOVIRUS (CMV) AB, IgM	EIA	In primary CMV infections, the development of abs is thought to follow the pattern typical of other viral infections; that is, CMV IgM ab levels rise transiently while CMV IgG ab levels rise later but may persist. Recurrence of CMV IgM in reactivated infection is not absolute and appears to be dependent upon the patient population.
716	CYTOMEGALOVIRUS (CMV) ABS, IgG & IgM	EIA	Infection by CMV cannot be clinically diagnosed without confirmation by laboratory testing to isolate the virus or the demonstration of -IgM specific abs or a significant rise in IgG specific ab levels.
301	DHEA-SO4	CH	Measurement of dehydroepiandrosterone sulfate (DHEA-SO_4, DHEAS), an adrenal steroid, is important to investi-gations of abnormal hair growth (hirsutism) and balding (alopecia) in women. It is also of value in the assessment of adrenarche and delayed puberty.
276	EJ	IPP	Anti-histidyl-tRNA synthetase autoantibodies (anti-Jo-1) are the most common Myositis specific abs (MSA), but abs reading with synthetase for alanine (PL-12), threonine (PL-7), glycine (EJ), and isoleucine (OJ) also exist.
617	EPSTEIN BARR NUCLEAR AG (EBNA) AB, IgG	EIA	EBNA-1 IgG ELISA test system provides a means for the qualitative detection of IgG abs to the nuclear antigen-1 of Epstein-Barr Virus (EBNA-1) in human sera. The results of this test together with other testing, such as the heterophile test, and the EBV-VCA IgG and IgM tests, may aid in the diagnosis of, and provide information on Infectious Mono-nucleosis (IM), that may be of value in patient management and treatment.

619	EPSTEIN BARR VIRAL CAPSID AG (VCA), IgG	EIA	See EB VCA IgG & IgM, #618.
620	EPSTEIN BARR VIRAL CAPSID AG (VCA), IgM	EIA	See EB VCA IgG & IgM, #618.
618	EPSTEIN BARR VIRAL CAPSID AGS (VCA), IgG & IgM	EIA	Both IgM and IgG antibodies to the viral capsid antigen (VCA) peak 3 to 4 weeks after primary EBV infection. IgM anti-VCA decline rapidly and is usually undetectable after 12 weeks. IgG anti-VCA titers decline slowly after peaking but last indefinitely.
621	EPSTEIN BARR VIRUS, EARLY ANTIGEN (EA)	EIA	Abs to EA may appear transiently for up to three months or longer during the acute phase of Infectious Mononucleosis (IM) in 85% of patients. A definitive diagnosis of primary EBV infection can be made with 95% of acute phase sera based on antibody titers to VCA, EBV-NA, and EA.
348	ERYTHROPOIETIN (EPO)	CH	A failure to produce sufficient EPO accounts for the moderate to severe anemia observed in End-stage Renal Disease. Decreased EPO production is attributed to destruction of renal production sites.
302	ESTRADIOL	CH	The measurement of estradiol (estradiol-17β, E2) in serum aids in the diagnosis and treatment of various hormonal sexual disorders.
326	FERRITIN, SERUM	CH	Clinical applications of the serum ferritin assay have been extensively reviewed. It has important roles to play in the diagnosis of iron deficiency and excess, and in the management of conditions and treatments posing a threat to iron balance.
232	FIBRILLARIN (U3 RNP)	IPP	The U3-RNP (Fibrillarin) particle is thought to participate in the first step of preribosomal RNA processing. Anti-U3 RNP antibodies have been shown to be highly specific for patients with SSc.
345	FIBRINOGEN	COAG	A high level of fibrinogen is a risk factor for Thrombosis and is a strong predictor of Cardiovascular Risk and Stroke, particularly in young adults. Low-dose heparin and ACE-inhibitors reduce fibrinogen and risk of adverse cardio-vascular events.
349	FOLIC ACID (FOLATE)	CH	Folic acid (folate) and vitamin B12 are nutrients essential to hematopoiesis. Megaloblastic Anemia is almost always due to lack of one of these two vitamins. Circulating folate levels are usually normal or elevated in vitamin B12 deficiency, but red cell folate levels are frequently low in this condition.
304	FOLLICLE STIMULATING HORMONE (FSH)	CH	FSH aids in the diagnosis and treatment of pituitary and gonadal disorders.

142	FREE PROTEIN S	COAG	Hereditary protein S deficiency is associated with Recurrent Venous Thromboembolic Disease often presenting in adolescents or young adults. Protein S levels are low in pregnancy and coumadin therapy. Acquired Protein S deficiency is documented in DIC, Type I and II Diabetes Mellitus, pregnancy, oral contraceptive use, Nephrotic Syndrome, Liver Disease, and Essential Thrombocythemia. Three types of congenital protein S deficiency have been identified: Type I with reduced total and free protein S antigen, Type II with reduced activity but normal free and total antigen, and Type III with reduced activity of protein S and reduced free protein S, but normal total protein S antigen.
241	FLUORESCENT TREPONEMAL ANTIBODY-ABSORBED (FTA-Ab)	IFA	This is a confirmatory test for syphilis.
397	GROWTH HORMONE	CH	Measurement of hGH is primarily of interest in the diagnosis and treatment of various forms of inappropriate growth hormone secretion. Clinical disorders of hyposecretion include Dwarfism and unattained growth potential. Hyper-secretion is associated with Gigantism and Acromegaly.
364	HAMA	EIA	In patients, multiple injections of murine monoclonal IgG may induce immune response directed against the same IgG, and produce significant level of HAMA in serum. Circulating level of HAMA can bind to the injected IgG and reduce the efficacy of the ab therapy. In some cases, approxmately 9% of a normal population, pre-existing HAMA reactivity have been detected without the administration of murine monoclonal IgG.
368	HAPTOGLOBIN	NEPH	Measurement of haptoglobin may aid in the diagnosis of Hemolytic Diseases related to the formation of hemoglobin-haptoglobin complexes and certain Kidney Diseases.
752	HELICOBACTER PYLORI AB (H-PYLORI), IgG	CH	H-pylori aids in the diagnosis of helicobacter pylori infection. A positive serological response to H-pylori antigens has been determined in individuals with Duodenitis, Chronic Gastritis, and Gastric or Duodenal Ulcer. Further, many people without clinical symptoms are seropositive for H- pylori abs with prevalence increasing with age.

1722	HEPATITIS A VIRUS (HAV), IgM	EIA	During the acute phase of HAV infection, IgM class ab to Hepatitis A Virus (anti-HAV IgM) appears in the patient's serum and is nearly always detectable at the onset of symptoms. In most cases, anti-HAV IgM persists throughout the first three to six months of convalescence.
1721	HEPATITIS A VIRUS (HAV), TOTAL	EIA	The presence of anti-HAV in human serum or plasma is indicative of past or present infection with Hepatitis A Virus.
721	HEPATITIS A VIRUS (HAV), TOTAL & IgM	EIA	Anti-HAV IgM declines in late convalescence, and is not detected in normal subjects regardless of the presence of IgG abs to Hepatitis A virus (anti-HAV IgG) in their serum. Anti-HAV IgM is primarily used as an aid in the diagnosis of Acute Hepatitis A.
1724	HEPATITIS B CORE (HBc) AB, IgM	CH	HBc aids in the diagnosis of acute or recent (usually six months or less) Hepatitis B Viral Infection.
1723	HEPATITIS B CORE (HBc) AB, TOTAL	CH	Anti-HBV core abs are indicated for the screening of licensed blood and blood products intended for transfusion and as an aid in the diagnosis of ongoing or previous Hepatitis B Viral Infection.
723	HEPATITIS B CORE (HBc) ABS, TOTAL & IgM	CH	Total anti-HBc (both IgM and IgG abs) are detected before or at the onset of symptoms. However, such reactivity can persist for years after illness, may even outlast anti-HBs and occasionally may be the only marker of either current or past infection.
725	HEPATITIS B SURFACE AB (HBsAb), TOTAL	CH	Presence of hepatitis B surface abs is an indicator of clinical recovery and subsequent immunity to Hepatitis B Virus. This test is useful for evaluation of possible immunity in indivi-duals who are at increased risks for exposure to the hepatitis B, ie., hemodialysis unit personnel, venipuncturists, etc. Also, it is useful for the evaluation or the need for hepatitis B immune globulin after needle stick injury.
146	HEPATITIS B SURFACE AB, QUANTITATIVE	CH	Presence of hepatitis B surface ab is an indicator of clinical recovery and subsequent immunity to Hepatitis B Virus. This test is useful for evaluation of possible immunity in individuals who are at increased risks for exposure to the hepatitis B, ie., hemodialysis unit personnel, venipuncturists, etc. Also, it is useful for the evaluation of the need for hepatitis B immune globulin after needle stick injury, evalu-ation of the need for hepatitis B vaccine, and to follow immune status after hepatitis B vaccine.
726	HEPATITIS B SURFACE ANTIGEN (HBsAg)	CH	Presence of HBs antigen indicates an ongoing infection with HBV, and is detectable in the acutely ill and in chronic carriers.

727	HEPATITIS B SURFACE ANTIGEN (HBsAg), NEUTRALIZATION-CONFIRMATION	CH	Presence of HBs antigen indicates an ongoing infection with HBV, and is detectable in the acutely ill and in chronic carriers. The presence of HBsAg in a sample can be confirmed by demonstrating a significant reduction in signal following specific ab neutralization.
1754	HERPES VIRUS I & II AB, IgG & IgM	EIA	The test systems are intended to be used to evaluate serologic evidence of primary or reactivated infection with HSV.
1763	HERPES VIRUS I & II AB, IgM	EIA	The test systems are intended to be used to evaluate serologic evidence of primary or reactivated infection with HSV.
1761	HERPES VIRUS I AB, IgG	EIA	The test systems are intended to be used to evaluate serologic evidence of primary or reactivated infection with HSV. HSV serological utilizing whole virus preparations may not be able to differentiate a positive result between HSV-1 and HSV-2 in the majority of patient specimens due to the cross reactivity of antigens common to both viruses.
1762	HERPES VIRUS II AB, IgG	EIA	The test systems are intended to be used to evaluate serologic evidence of primary or reactivated infection with HSV. HSV serological utilizing whole virus preparations may not be able to differentiate a positive result between HSV-1 and HSV-2 in the majority of patient specimens due to the cross reactivity of antigens common to both viruses.
700	HIV-I BY EIA, REFLEXIVE TO WESTERN BLOT	EIA	HIV-1 is the causative agent of AIDS (Acquired Immune Deficiency Syndrome) in humans. This test provides an initial combo enzyme immunoassay screening test for HIV-1, reflexing to HIV-1 qualitative western blots (positive, negative, or indeterminate), reporting which specific bands are present.
702	HIV-I, WB (WESTERN BLOT)	WB	See HIV-1 by EIA, Reflexive to WB, #700.
90	HLA-B27	FC	There is a strong association between the presence of the HLA-B27 antigen and an increased incidence of Ankylosing Spondylitis (AS) as well as several other disorders, such as Reiter's Syndrome, Psoriatic Arthritis, and arthropathies associated with Inflammatory Bowel Disease.
342	HOMOCYSTEINE	CH	Homocysteine has been identified as an indicator of Cardiovascular Disease.
305	HUMAN CHORIONIC GONADOTROPIN (HCG), QUANTITATIVE	CH	Ectopic pregnancies and pregnancies terminating in spontaneous abortion tend to have lower than normal circulating HCG levels, while somewhat higher levels are often seen in multiple pregnancies.

44	IgA, IMMUNOGLOBULIN A	NEPH	Measurement of immunoglobulin A aids in the diagnosis of abnormal protein metabolism and the body's lack of ability to resist infectious agents.
751	IGE, IMMUNOGLOBULIN E	CH	IgE constitutes a fraction of the total antibody in serum (50 – 300ng/mL compared to 10 mg/mL), and is important in pri-mary immune responses. The immunogenetic mechanisms underlying IgE responsiveness seen in atopic diseases can be divided into antigen-specific and non-antigen-specific responses.
43	IgG, IMMUNOGLOBULIN G	NEPH	The measurement of gamma globulin in serum and other body fluids aids in the diagnosis of autoimmune diseases, Sarcoidosis, Chronic Liver Disease, chronic and recurrent infections, lymphoid malignancies, Multiple Myeloma and severe combined and variable immunodeficiencies.
45	IgM, IMMUNOGLOBULIN M	NEPH	Measurement of immunoglobulin M aids in the diagnosis of abnormal protein metabolism and the body's inability to resist infectious agents.
115	IMMUNOFIXATION ELECTROPHORESIS (IFE)	EL	Immunofixation is used most frequently for the identification of monoclonal immunoglobulins for studying protein polymorphism and for genetic studies.
279	Ku	IPP	Ku abs are strongly associated with systemic autoimmunity in Japanese patients in contrast to SLE (15 – 50%) and overlap syndromes in Americans. They are also found in some patients with MCTD, Scleroderma, Polymyositis, Graves Disease and Primary Pulmonary Hypertension.
46	LE CELL PREPARATION	ZH	The occurrence of leukocytes containing a characteristic inclusion body (the LE cell) is found in the blood of patients with SLE.
116	LUPUS ANTICOAGULANT	DVVT, DVVT CONFIRM	The presence of Lupus Anticoagulant can cause hypercoag-ulable states and fetal loss. Due to its heterogeneous nature, no single assay can absolutely identify the presence of LA. Other LA tests (ACA, Beta 2, Phosphatidylsirene) should be performed if DRVVT is negative.
307	LUTENIZING HORMONE (LH)	CH	LH measurements are used to define the hypothalamic-pituitary-gonadal axis. Serum gonadotropin determinations permit distinguishing between Primary Gonadal Failure and Deficient Gonadal Stimulation.

764	LYME C6 PEPTIDE AG	EIA	C6 ab positive or equivocal results should be supplemented by testing with a standardized Western Blot (WB-second step) method. Positive WB results provide evidence for exposure to or infection with B. burgdorferi. Negative results (either first or second step) should not be used to exclude Lyme Disease.
710	LYME DISEASE, EIA, REFLEXIVE TO WESTERN BLOT	EIA, WB	The EIA result should only be used for patients with signs and symptoms that are consistent with Lyme Disease. Equivocal or positive results must be supplemented by testing with a standardized WB procedure. Positive supple-mental results are supportive evidence of exposure to B. burgdorferi and can be used to support a clinical diagnosis of Lyme Disease.
792	LYME DISEASE, WESTERN BLOT, IgG & IgM	WB	The Western Blot is useful for characterizing the specificity of the ab response to B. burgdorferi. The WBt has been reported to have greater sensitivity than either the IFA or EIA procedures.
237	Mi-2	IPP	Anti-Mi-2 abs appear to be a marker for Dermatomyositis. Anti-Mi-2 is detected in 8% of all Myositis patients and in 15 to 20% of Dermatomyositis patients. Serum samples con-taining anti-Mi-2 ab immunoprecipitate a 240 KD major protein.
150	MYOGLOBIN	CH	Is an aid in the diagnosis of Acute Myocardial Infarction.
235	MYOSITIS AB PANEL (Mi2, PL-12, PL-7, EJ, OJ, Ku & U2 snRNP)	IPP & DD	The idiopathic inflammatory myopathies (IIM) are a heterogeneous group of disorders characterized by muscle weakness resulting from chronic muscle inflammation of unknown cause. Patients with IIM have a variety of auto-antibodies with various clinical utilities. One group of these abs, which is found only in patients with Myositis, is known as Myositis specific abs (MSA). The myositis abs have been shown to be highly specific for patients with Polymyosits, Dermatomyositis and overlap. The Myositis ab panel detec-tion is an in-house bioassay to be performed at RDL for qualitative determinations of Myositis abs in serum by immunoprecipitation. The Myositis antibody panel assay will be labeled as an “Analytic Specific Reagent (ASR)”.
236	MYOSITIS AB PANEL PLUS (Mi2, PL-12, PL-7, EJ, OJ, Ku, U2 snRNP, PM/SCL, & Jo-1)	IPP & DD	See Myositis Ab Panel, #235.
277	OJ	IPP	Anti-histidyl-tRNA synthetase abs (anti-Jo-1) are the most common Myositis specific abs (MSA), but abs reading with synthetase for alanine (PL-12), threonine (PL-7), glycine (EJ), and isoleucine (OJ) also exist.

343	PARATHYROID HORMONE (PTH), INTACT	CH	PTH decreases reabsorption of phosphate by the proximal tubule and stimulates the production of 1,25 hydroxyvitamin D which stimulates the intestinal absorption of both calcium and phosphate. Generally less than 5 to 25% of total immunoreactive PTH is intact hormone. The remaining 75 to 95% is inactive midregion/carboxyl fragments. In Hypercal-cemia, secretion of these inactive forms persist, while secre-tion of intact hormone is greatly reduced or absent. The Intact PTH assay, therefore, is most useful for monitoring dialysis patients.
2747	PARVOVIRUS B-19 AB, IgG	EIA	See Parvovirus B-19 Ab, IgG & IgM, #748.
2748	PARVOVIRUS B-19 AB, IgM	EIA	See Parvovirus B-19 Ab, IgG & IgM, #748.
748	PARVOVIRUS B-19 ABS, IgG & IgM	EIA	Joint involvement occurs frequently in adults after infection with B19 virus. The results of these assays may be used to make a serological determination of past, recent, or current infection with B 19V. Also, this test may be used for testing women of childbearing age to determine their serological status where there is a suspicion of exposure to B19V.
239	PL-12	IPP	The Myositis abs have been shown to be highly specific for patients with Polymyosits, Dermatomyositis and overlap.
238	PL-7	IPP	The Myositis abs have been shown to be highly specific for patients with Polymyosits, Dermatomyositis and overlap.
308	PROGESTERONE	CH	Aids in the diagnosis and treatment of disorders of the ovaries or placenta.
309	PROLACTIN	CH	Aids in the diagnosis and treatment of pituitary disorders.
965	PROSTATE SPECIFIC AG (PSA)	CH	Aid in the detection of Prostate Cancer when used in con-junction with digital rectal examination (DRE) in men aged 50 years or older. Also aid in the management of Prostate Cancer patients.
124	PROTEIN C ACTIVITY	COAG	Protein C and S are activated in vitro by thrombin in the pre-sence of thrombomodulin. Acquired deficiencies of Protein C and S are associated with hepatic disorders, oral antico-agulant therapy and disseminated Intravascular coagulation.
113	PROTEIN ELECTROPHORESIS, SERUM (SPE)-REFLEXIVE	EL	SPE is useful in the evaluation of Myeloma, Macroglobuli-nemia of Waldenstrom, collagen diseases, and Monoclonal Gammopathies; evaluate inflammatory states; evaluate low back pain, Arthritis, Amyloidosis; evaluate Lymphoma, Leukemia, Anemia.

125	PROTEIN S ACTIVITY	COAG	Protein C and S are activated in vitro by thrombin in the presence of thrombomodulin. Acquired deficiencies of Protein S are associated with DIC, Type I & II Diabetes Mellitus, Pregnancy, hepatic disorders, oral anticoagulant therapy, and Essential Thrombocythemia.
346	PTT - ACTIVATED PARTIAL THROMBOPLASTIN TIME	COAG	Abnormal prothrombin time results could be due to congenital or acquired abnormalities. Factor VIII, Factor X, Factor V, Factor II and fibrinogen abnormalities can cause an elevated PTT result. Acquired abnormalities could be due to the presence of inhibitors such as lupus anticoagu-lants or other inhibitors to specific factors. Abnormal results are seen with vitamin K deficiency, disseminated intravas-cular coagulation (DIC) and liver disease. PTT is used to monitor patients on Warfarin sodium (Coumadin) anticoag-ulant therapy.
42	QIG, QUANTITATIVE IMMUNOGLOBULINS	NEPH	Quantitation of immunoglobulins (lgG, lgA, and lgM) in serum pro-vides useful information for the evaluation of certain disease states. Increased concentrations of these proteins may occur in disorders such as monoclonal or polyclonal gammopathies. Differentiation of these gam-mopathies can be supported by measuring selective increases in immunoglobulins. Decreased concentrations of immunoglobulins may indicate Hypogammaglobulinemia as a result of Primary or Secondary Immunodeficiency.
534	RHEUMATOID FACTOR, IGA BY EIA	EIA	Several groups have reported that a high level of IgA RF is prognostic for a more severe disease outcome. When RF isotype levels are compared with radiological abnormalities of the joints, the strongest correlation is with raised levels of RF IgA. High levels of RF IgA within three years of the onset of symptoms have been associated with a more severe disease after six years of onset. Studies from as early as 1984 suggest that the detection of RF IgA in early disease indicates poor prognosis and justifies a more aggressive course of treatment.
533	RHEUMATOID FACTOR, IGG BY EIA	EIA	Two different groups demonstrated that raised levels of RF IgG are virtually confined to the sera of patients with Rheumatoid Arthritis and not other arthritides. The most striking clinical association with RF IgG appears to be RA Vasculitis.

555	RHEUMATOID FACTOR, IGG, IGA, IGM BY EIA	EIA	IgM-RF is the main isotype identified by clinically available diagnostic assays for RF detection. The most consistent serological finding in patients with RA is an increase in the concentration of RF IgM in blood and synovial fluid. RF IgM has been reported to occur in approximately 70-80% of patients with confirmed RA.
535	RHEUMATOID FACTOR, IGM BY EIA	EIA	EIA methods have the added advantage of being able to simultaneously detect RF of IgG and IgA subclasses in addition to RF IgM and are not susceptible to prozone. It has become apparent that the specificity and predictive value of the RF test is substantially increased by the detection of all three RF isotypes.
207	RHEUMATOID FACTOR, IgM by NEPHELOMETRY (BODY FLUID)	NEPH	IgM-RF is the main isotype identified by clinically available diagnostic assays for RF detection. The most consistent serological finding in patients with Rheumatoid Arthritis (RA) is an increase in the concentration of RF IgM in blood and synovial fluid.
49	RHEUMATOID FACTOR, IgM by NEPHELOMETRY (SERUM)	NEPH	IgM-RF is the main isotype identified by clinically available diagnostic assays for RF detection. The most consistent serological finding in patients with Rheumatoid Arthritis (RA) is an increase in the concentration of RF IgM in blood and synovial fluid. RF IgM has been reported to occur.
48	RHEUMATOID FACTOR, SSC (ROSE WAALER)	PHA	The RHEUMATON test provides a simple, rapid qualitative and quantitative method for the detection of rheumatoid factor (RF) in serum and synovial fluid.
7	RPR (RAPID PLASMA REAGIN)	FLOC	The ASI RPR (rapid plasma reagin) Card Test for Syphilis is a qualitative and semiquantitative nontreponemal floccula-tion test for the detection of reagin abs in human serum and plasma as a screening test in Syphilis serology. Also RPR can detect anti-nontreponemal abs (reagin).
1737	RUBELLA AB, IgG	EIA	Rubella ab detection is most often used by the clinician to identify susceptible individuals or to aid in the diagnosis of Acute Rubella Infec-tion. Susceptible individuals should be vaccinated.
2737	RUBELLA AB, IgM	EIA	See Rubella Abs, IgG & IgM, #737.
737	RUBELLA ABS, IgG & IgM	EIA	Acute rubella infection can be confirmed by simultaneously testing paired acute and convalescent sera, and looking for seroconversion or a fourfold rise in titer, or by the presence of rubella specific IgM. The presence of rubella specific IgM in the neonate or the persistence of a high titer of IgG ab for longer than expected for passively acquired ab (6 months) confirms a diagnosis of Congenital Rubella.

104	SEDIMENTATION RATE, WESTERGREN	WEST	ESR and viscosity are preferred for monitoring chronic inflammation, including disease severity in RA. ESR and C-reactive protein measurements are the assays used most often by rheumatologists in monitoring response to treat-ment in inflammatory diseases such as RA.
200	SYNOVIAL FLUID ANALYSIS, COMPLETE	MANUAL	Impaired function of the synovial fluid may play a role in the development of Degenerative Joint Disease such as Osteoarthritis. Complete analysis consists of the following: appearance and volume; cell count and differential; crystal examination; mucin; viscosity.
201	SYNOVIAL FLUID, CELL COUNT & DIFFERENTIAL	MANUAL	See Synovial Fluid Analysis, Complete, #200.
202	SYNOVIAL FLUID, CRYSTAL EXAM	MANUAL	See Synovial Fluid Analysis, Complete, #200.
203	SYNOVIAL FLUID, MUCIN CLOT	MANUAL	See Synovial Fluid Analysis, Complete, #200.
204	SYNOVIAL FLUID, VISCOSITY	MANUAL	See Synovial Fluid Analysis, Complete, #200.
325	T3 UPTAKE	CH	The thyroid uptake test is ordinarily used in conjunction with an immunoassay for total T4 to correct for the influence which alterations in the levels of circulating thyroid hormone-binding proteins have on the total T4 level.
328	T3, FREE	CH	Used to evaluate thyroid function and binding protein status. In Hyperthyroidism if TSH levels are low but the Free T4 level is normal, a T3 measurement should be performed since the serum T3 concentration is often elevated earlier in the course of Hyperthyroidism, and to a greater degree than is the T4 concentration.
303	T4, FREE	CH	Since abnormal T4 levels may signify either abnormal thyroid function or carrier protein variation (physiological or pathological), free T4 measurements more highly correlate with thyroid status than total T4 measurements.
315	T4, THYROXINE (TOTAL)	CH	T4 (total) is the primary secretory product of the normal thyroid gland. Total T4 undergoes peripheral deiodination of the outer ring at the 5' position to yield T3. The total T4 assay is used to evaluate thyroid function, independent of binding protein status.

311	TESTOSTERONE, TOTAL	CH	Total Testosterone measurements have been very helpful in evaluating hypogonadal states. Increased testosterone levels in males can be found in complete androgen resistance (testicular feminization). Common causes of decreased testosterone levels in males include: Hypogonad-ism, Orchidectomy, estrogen therapy, Klinefelter's Syn-drome, Hypopituitarism, and Hepatic Cirrhosis.
233	TH/TO Antibody	IPP	The Th/To is a component of the 7-2/MRP RNP. Most of the 7-2/MRP RNP is found in the GC region of the nucleolus and <1% of this snoRNP appears located in mitochondria. The Th/To abs are present in 10% in 10-19% of patients with Limited Systemic Scleroderma (SSc), in 11% of patients with Diffuse Cutaneous SSc, and in 3% of patients with Primary Raynaud's Disease. Anti-Th/To ab has been shown to be highly specific for patients with SSc. The anti-Th/To ab detection is an in-house bioassay to be performed at RDL for a qualitative determination of Th/To ab in serum by immunoprecipitation. The Th/To ab assay will be labeled as an "Analytic Specific Reagent (ASR)".
316	THYROID STIMULATING HORMONE (TSH), 3rd GENERATION	CH	Measurement of circulating TSH has been used as a primary test for differential diagnosis of Hypothyroidism and as an aid in monitoring the adequacy of thyroid hormone replacement therapy.
271	TISSUE TRANSGLUTAMINASE AB	EIA	TTA aids in the diagnosis of Celiac Disease. Use of native human red blood cell tTG rather than guinea pig or recombi-nantly derived human antigen affords the advantage of ease of purification and results in preparations free from bacterial, insect or other contaminating proteins. The endomysial antigen has been identified as the protein cross-linking enzyme known as tissue transglutaminase (tTG). Antigen specific ELISA procedures incorporating tTG afford a reliable, objective alternative to the traditional immunofluor-escent-based assays incorporating thin sections of primate esophagus as substrate.

37	TOTAL HEMOLYTIC COMPLEMENT (CH50)	EIA	Deficient or decreased levels of serum complement activity of the classical pathway are associated with a number of autoimmune diseases. A normal CH50 assay indicates that C1 through C9 are present and functional in the serum being tested. Although CH50 can be used to assess the integrity of the classical pathway, it must not be used as a sensitive test for in vivo complement fixation. In vitro degrad-ation can also cause low CH50 activity.
1739	TOXOPLASMA AB, IgG	EIA	Toxoplasmosis must be considered in the differential diagnosis in any immunosuppressed patient who has clinical or laboratory evidence of damage to the central nervous system. The organism is one of the most common latent infectious agents of man throughout the world.
2739	TOXOPLASMA AB, IgM	EIA	Toxoplasma gondii (Toxo) IgM ELISA is intended for the pre-sumptive qualitative detection of IgM antibody to Toxoplasma gondii in human serum for the presumptive diagnosis of acute, recent, or reactive Toxoplasma Gondii Infection.
739	TOXOPLASMA ABS, IgG & IgM	EIA	Toxoplasma gondii (Toxo) IgM ELISA is intended for the pre-sumptive qualitative detection of IgM antibody to toxoplasma gondii in human serum for the presumptive diagnosis of acute, recent, or reactive Toxoplasma Gondii Infection. Testing of patient sera must be performed in conjunction with an anti- Toxoplasma gondii IgG ab assay.
234	U2 snRNP	IPP	Additional autoantibodies, known as myositis-associated abs (MSA) are found frequently, but not exclusively in patients with Myositis. Myositis Specific Abs include abs to U1-RNP, U2-RNP, PM/SCL and Ku.
114	URIC ACID	COL	Uric acid is a waste product that is most helpful in the diagnosis of Gout. Other possible causes of increased uric acid may be Renal Failure, hereditary diseases, and Non-diabetic Ketosis.
1746	VARICELLA ZOSTER, IgG	EIA	The results of this test, together with other clinical information, may aid in the determination of immune status, and/or aid in the diagnosis of VZV infections.
319	VITAMIN B12	CH	Vitamin B12 aid in clinical diagnosis and treatment of Anemia. Vitamin B12 deficiency can also result in severe neurological impairment.
148	VITAMIN D, 25-HYDROXY (CALCIFEDIOL)	RIA	Serum concentration of 25-OH D is considered to be the most reliable measure of overall vitamin D status and thus can be used to determine whether a patient is vitamin D sufficient.

766	WEST NILE VIRUS AB, IgM EIA	The West Nile Virus (WNV) IgM capture ELISA is for the qualitative presumptive detection of IgM antibodies to WNV in serum as an aid in the clinical laboratory diagnosis of WNV Infection. Positive results must be confirmed by a Plaque Reduction Neutralisation Test (PRNT), or by using the current CDC guidelines for diagnosis of this disease.