

|  |  |  |  |
| --- | --- | --- | --- |
| **PR3 Antibodies** | | | |
| **Synonyms** | |  | Serine proteinase 3 |
| **Clinical Indication** | |  | Patients presenting with:   * Glomerulonephritis, especially rapidly progressive glomerulonephritis * Pulmonary haemorrhage, especially pulmonary renal syndrome * Cutaneous vasculitis with systemic features * Multiple lung nodules * Chronic destructive disease of the upper airways * Long-standing sinusitis or otitis * Subglottic tracheal stenoses * Mononeuritis multiplex or other peripheral neuropathy * Retro-orbital mass * Scleritis   Please note: All samples found to be ANCA IIF positive or to have an interfering ANA will be tested for the presence of MPO and PR3 antibodies. |
| **Part of Profile / See Also** | |  | ANCA positive samples have a pattern reported and have MPO and PR3 antibodies measured |
| **Request Form** | |  | Combined Pathology manual Blood form or ICE request |
| **Availability / Frequency of Analysis** | |  | Reflex test added by laboratory in response to positive ANCA  Assay performed daily Monday to Friday |
| **Turnaround Time** | |  | Tests are performed on the next routine working day after receipt of the sample. |
| **Patient Preparation** | |  | None required |
| **Sample Requirements** | |  | \*Please note a separate sample is required when Immunology tests are requested in addition to Biochemistry tests\* |
| **Specimen Type** |  | Serum |
| **Volume** |  | 2 ml |
| **Container** |  | Yellow top (SST) tube  Or  Paediatric Yellow top (SST) tube |
| **Reference Range & Units** | |  | Negative: <2.0 U/mL  Equivocal: 2.0-3.0 U/ml  Positive: >3.0 U/ml |
| **Interferences** | |  | Heavily haemolysed or lipaemic samples are not suitable. |
| **Interpretation & Clinical**  **Decision Value (if applicable)** | |  | The assay should not be considered diagnostic and a definitive diagnosis should not be based on the results of this assay alone.  PR3 directed c-ANCA is present in 80-90% of granulomatosis with polyangiitis (GPA, Wegener’s granulomatosis), 20-40% of microscopic polyangiitis, 20-40% of pauci-immune crescentic glomerulonephritis and 35% of eosinophilic granulomatosis with polyangiitis (EGPS, Churg-Strauss syndrome). |
| **References** | |  | https://labtestsonline.org.uk |
| **Test code** | |  | MPPR |
| **Lab Handling** | |  | Aliquot and store at 4°C. |