



## 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.

[Patients who have been previously positive for MPO or PR3 antibodies will automatically have both of these tests added to any future ANCA request.](#)

### 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.