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| **Connective Tissue Disease Screen** |
| **Synonyms** |  | Antinuclear antibody, ANA, antinuclear factor, ANA by immunoassay, Phadia CTD screen |
| **Clinical Indication** |  | Suspicion of systemic autoimmune disease such as:* Systemic lupus erythematosus, SLE
* Mixed connective tissue disease
* Sjögren's syndrome
* Scleroderma
* Polymyositis/dermatomyositis
* Raynaud’s syndrome
* CREST

CTD Screen gives an in vitro qualitative measurement of antinuclear IgG antibodies in serum, as an aid to clinical diagnosisANA is not useful for screening normal populations as false positives are common in the elderly and unwell, especially at low titres. |
| **Part of Profile / See Also** |  | ENA screen, dsDNA Crithidia, dsDNA |
| **Request Form** |  | Combined Pathology manual Blood form or ICE request |
| **Availability / Frequency of Analysis** |  | -Daily (Monday to Friday)Urgent same/next day analysis must be discussed with laboratory (01268 968278) and samples must be in the lab by 12pm. |
| **Turnaround Time** |  | 4 working daysIf the CTD screen is positive and additional tests are required, these will be processed the following working day. |
| **Patient Preparation** |  | None required |
| **Sample Requirements** |  | \*Please note a separate sample is required when Immunology tests arerequested in addition to Biochemistry tests\* |
| **Specimen Type** |  | Serum  |
| **Volume** |  | 2 ml |
| **Container** |  |  Yellow top (SST) tubeOr  Paediatric Yellow top (SST) tube |
| **Reference Range & Units** |  | Negative: < 0.7Equivocal: 0.7 – 1Positive: >1Results are given as a ratio |
| **Interferences** |  | Lipaemic, haemolysed or microbially contaminated samples may give poor results and should not be used.In rare cases, interference due to extremely high titres of antibodies to streptavidin can occur. |
| **Interpretation & Clinical** **Decision Value (if applicable)** |  | The CTD screen contains the most common anti-nuclear antigens: U1RNP (RNP70, A, C), SS-A/Ro(60 kDa, 52 kDa), SS-B/La, Centromere B, Scl-70, Jo-1, Fibrillarin, RNA Pol III, Rib-P, PM-Scl, PCNA, Mi-2 proteins, Sm proteins and native purified DNA.The CTD screen alone should not be used to rule out autoimmune connective tissue disease; results should be interpreted in the clinical context. If a negative result is reported but there is strong clinical suspicion of connective tissue disease please contact the laboratory to discuss further testing.Positive CTD screens will be reflex tested for double-stranded DNA antibodies and ENA antibodies |
| **References** |  |  |
| **Test code** |  | CTDS |
| **Lab Handling** |  | Aliquot and store at 4-8°C prior to testing and at -20°C or below for up to 1 month after receipt. |