

ANCA Test Result and Interpretation

Laboratory Information:

Laboratory Name:

Laboratory Address:

Laboratory Contact Information:

Patient Information:

Name:

Date of Birth:

Gender:

Patient ID:

Referring Physician:

Date of Sample Collection:

Date of Report Issued:

Test Information:

Test Name: Antineutrophil Cytoplasmic Antibodies (ANCA) Test

Test Type:

Sample Type:

Test Results:

- p-ANCA (Perinuclear ANCA):
 - Result:
 - Titer:
- c-ANCA (Cytoplasmic ANCA):
 - Result:
 - Titer:

Antigen Specificity Testing (if ANCA is positive):

- Myeloperoxidase (MPO) Antibodies:
 - Result:
 - Reference Range:

- Proteinase 3 (PR3) Antibodies:
 - Result:
 - Reference Range:

Interpretation

Recommendations:

Notes:

Laboratory Signature:

- Signature:
- Name and Designation:
- Date: