# **Blood Tests for Lupus**

Patient Information	
Name:	Date of Birth:
Patient ID:	Date of Evaluation:
Referring Physician:	
Clinical Background	
Presenting Symptoms:	
Duration of Symptome	
Duration of Symptoms:	
Family History of Lupus or Autoimmune Diseases:	
Current Medications:	
Blood Test for Lupus Evaluation	
1. Complete Blood Count (CBC) with Different	ial
Purpose: To check for anemia, leukopenia, lymphopenia, and thrombocytopenia, which can be indicative of lupus.	
Results:	

#### 2. Erythrocyte Sedimentation Rate (ESR)

Purpose: To measure the rate at which red blood cells settle at the bottom of a test tube, indicating inflammation.

Results:

#### 3. C-Reactive Protein (CRP)

Purpose: To detect inflammation and monitor disease activity.

Results:

## 4. Antinuclear Antibodies (ANA) Test

Purpose: To detect antibodies that attack the body's own cells, a hallmark of lupus.

Results:

### 5. Anti-double-stranded DNA (anti-dsDNA) Antibodies Test

Purpose: To detect specific antibodies often found in the blood of people with lupus.

Results:

6. Anti-Smith (Sm) Antibodies Test	
Purpose: To detect antibodies specific to lupus and rarely found in other diseases.	
Results:	
7 Antiphoenholipid Antibodies Test	
7. Antiphospholipid Antibodies Test	
Purpose: To check for antibodies associated with an increased risk of blood clots.	
Results:	
8. Complement Component Tests (C3, C4, CH50)	
Purpose: To measure the levels of complement proteins, which can be low in people with lupus.	
Results:	
9. Urinalysis	
Purpose: To detect protein and red blood cells in the urine, which can indicate kidney involvement.	
Results:	

10. Renal Function Test
Purpose: To assess how well the kidneys are functioning.
Results:
Interpretation of Results
Summary of Key Findings
Implications for Diagnosis
Recommended Follow-Up Tests / Consultations
Further Testing:
Specialist Consultations:
Physician's Signature
Date:
Patient Acknowledgment
I, the undersigned, acknowledge the completion of the above tests and understand their significance and the recommended next steps.
Patient / Guardian Signature
Date: