



PVDOMICS STUDY

Clinical Center Antinuclear Antibody (ANA)

Results Form #202

Instructions: One Clinical Center serum ANA test result is expected. The results should be a ratio. This form is completed as part of the data collection process when the clinical center team has results for all tests listed. The results recorded on this form must all be from the same blood collection date documented in Q3. If some results are from a different date, complete an additional Form 202 using that date.

Note: Lab draw must be no more than 45 days before the Form 100 date.

--	--	--	--	--	--

1. Identification Number

--	--

2. Alphacode

--	--	--	--	--	--	--	--

3a. Date blood drawn (mm/dd/yyyy)

3. b. Historical data used? (0=No, 1=Yes)

4. Was ANA obtained by indirect fluorescent antibody (IFA)? (0=No, 1=Yes).....

a. If yes, Titer.....

1=1:80

4=1:640

7=1:>2560

2=1:160

5=1:1280

8=Negative result/trace

3=1:320

6=1:260

9=1:40

b. What is the pattern?

1=Homogenous

4=Centromere

7=Combination

2=Speckled

5=Rim

(specify:_____)

3=Nuclear

6=Diffuse

8=Other

5. Was ANA obtained by **immunoassay, EIA** (0=No, 1=Yes)

a. If yes, what was ANA value (OD Ratio)?

(If negative or trace, enter 0.0)

200. Date form completed (mm/dd/yyyy) / /

201. Username of person completing/reviewing completeness of this form.....

Clinical Center Use Only

Date form entered (mm/dd/yyyy) ____/____/____

Username of person entering this form _____