

ANA Levels Chart

Patient Name: _____ Date of Birth: _____ dd / mm / yyyy
Date: _____ dd / mm / yyyy Practitioner: _____

CLINICAL PRESENTATION

Symptoms and Relevant Medical History

LABORATORY RESULTS

ANA Titer Level: _____

Result Interpretation

- Negative Weakly Positive Strongly Positive

Immunofluorescence Pattern

- Homogeneous
 Speckled
 Centromere
 Nucleolar
 Other

If Other, please specify: _____

CLINICAL CORRELATION AND NEXT STEPS

Interpretation and Clinical Correlation

Additional Testing Required

- anti-dsDNA
 anti-Ro/La antibodies
 Other

If Other, please specify: _____

Clinical Decision

- Supports suspected autoimmune diagnosis Does not support suspected autoimmune diagnosis
 Requires further evaluation

Practitioner Signature

Date: _____ dd / mm / yyyy