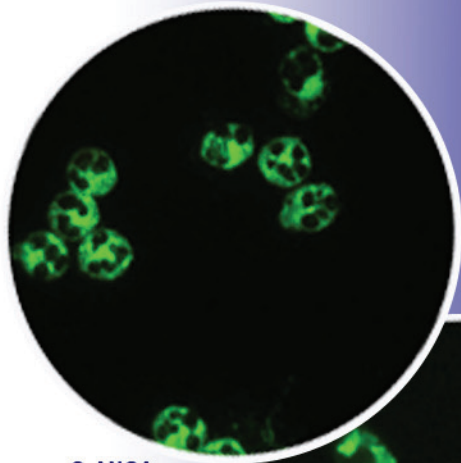
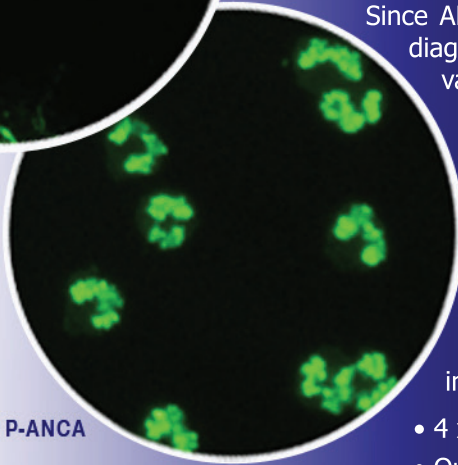


PREVECAL

ANCA



C-ANCA



P-ANCA

Since ANCA testing was first described in 1982 ^[1], it has been widely used as an aid in the the diagnosis and monitoring of inflammatory activity in the primary systemic small vessel vasculitides. The optimum procedure for ANCA testing is based on the combination of indirect immunofluorescence (IF) over human neutrophils and ELISA testing to detect specifically proteinase 3 (PR3) and myeloperoxidase (MPO) antibodies.

However, despite the efforts devoted to improving ANCA testing standardization ^[2], the reproducibility of such tests is often poor and the enrolment in external quality control programs has become essential to evaluate whether the laboratory results are comparable to other laboratories.

Within BioSystems external quality control scheme, Prevecal, you will find the ANCA immunofluorescence program:

- 4 x 0,3 mL blinded real samples
- Quarterly reports with expert's comments
- Report C-ANCA / P-ANCA / Negative
- Final participation diploma

We encourage your laboratory to participate!



[1] Davies, DJ; Moran, JE; Niall, JF; Ryan, GB (1982 Aug 28-Sep 4). "Segmental necrotising glomerulonephritis with antineutrophil antibody: possible arbovirus aetiology?". British medical journal (Clinical research ed.) 285 (6342): 606.

[2] Savige J, et al. International Consensus Statement on Testing and Reporting of Antineutrophil Cytoplasmic Antibodies (ANCA). Am J Clin Pathol. 1999 Apr;111(4):507-13.