



When ANA leaves questions unanswered, look deeper

ANALyzeR™ provides comprehensive autoimmune screening in a single test—helping reduce lost time when answers are unclear

As a primary care provider, you are often the first to evaluate patients whose symptoms are vague, evolving, or difficult to connect. Autoimmune (AI) disease can be difficult to confirm, and a negative ANA may still leave unanswered questions as patients wait for specialty evaluation.



Studies show patients often experience **weeks-to-months-long waits for specialist evaluation**^{1,2}



On average, autoimmune patients see **4 different doctors over a 4-year period before a diagnosis is made**³

While ANA by immunofluorescence (IFA) is commonly used as an initial screening tool, it may not capture all autoimmune disease-associated markers that could help inform earlier clinical decision-making.

A negative ANA result may not tell the whole story

ANALyzeR™ supports more comprehensive autoimmune screening by combining ANA testing by IFA with immunoassays for additional AI disease-associated biomarkers, performed together from a single sample. Real-world ANALyzeR data from January 1 to December 31, 2024 show that additional AI disease-associated biomarkers are present even when ANA by IFA is negative.⁴

Real-world data analysis⁴



111,665
samples



59,855
ANA-negative screens

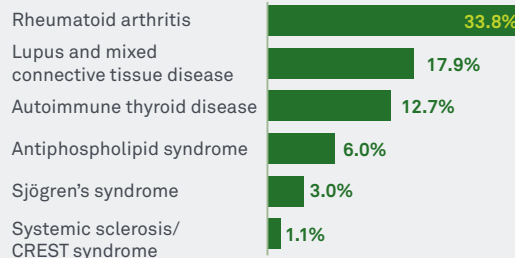


Testing often stops here



ANALyzeR identified **1 or more** positive autoimmune disease-associated antibodies in **52.8%** of ANA-negative results

Autoimmune-associated antibodies detected by ANALyzeR among accessions with a negative ANA screen



Patients with 1 autoimmune disease are at **higher risk for multiple AI diseases**⁵⁻⁷



ANALyzeR identified biomarkers associated with **2 or more** AI diseases in **37.4%** of samples from all patients

The bottom line: ANA screening alone may not provide sufficient information to fully assess autoimmune disease risk.

A more complete approach to earlier autoimmune evaluation

ANalyzeR enables simultaneous evaluation of **25 AI disease-associated analytes** without requiring multiple test orders or specimens.

ANalyzeR ANA, IFA with Reflex Titer/Pattern, Systemic Autoimmune Panel 1 (test code: 36378)

All other autoimmune markers are performed regardless of ANA results.

Component tests	Positive results may be indicative for	CPT® code	Test code ^a
ANA Screen, IFA with Reflex to Titer/Pattern	Autoimmune disease	86038	249
dsDNA Antibody, Crithidia IFA with Reflex to Titer	Lupus	86255	37092
Complement Component C3c and C4c		86160 (x2)	351, 353
Chromatin (Nucleosomal) Antibody		86235	34088
Sm Antibody		86235	37923
Sm/RNP Antibody	Lupus and mixed connective tissue disease	86235	38567
RNP Antibody		86235	19887
Rheumatoid Factor (IgA, IgG, IgM)	Rheumatoid arthritis	83520 (x3)	19705
Cyclic Citrullinated Peptide (CCP) Antibody (IgG)		86200	11173
Mutated Citrullinated Vimentin (MCV) Antibody		83520	13238
Sjogren's Antibodies (SS-A, SS-B)	Sjögren syndrome	86235 (x2)	38568, 38569
Scleroderma Antibody (Scl-70)	Systemic sclerosis	86235	4942
Jo-1 Antibody	Polymyositis	86235	5810
Centromere Protein B (CENP-B) Antibody	CREST syndrome	86235	16088
Beta-2-Glycoprotein I Antibodies (IgA, IgG, IgM)	Antiphospholipid syndrome	86146 (x3)	36552, 36554, 36553
Cardiolipin Antibodies (IgA, IgG, IgM)	Antiphospholipid syndrome and thrombocytopenia	86147 (x3)	4661, 4662, 4663
Thyroid Peroxidase Antibodies (TPO)	Graves disease and Hashimoto thyroiditis	86376	5081

^aThe component tests may also be ordered individually with their own test codes. Biomarkers and corresponding test codes are listed respectively.

We can help make comprehensive AI screening practical in primary care

Beyond testing, our nationwide infrastructure and clinical expertise help make comprehensive AI screening easier to order, access, and act on.



Affordability

- Approximately 71% of insured patients do not receive a bill for ANALyzeR⁴
- In-network coverage with most major health plans



Patient access

- More than 2,400 Patient Service Centers nationwide
- Quanum[®] digital solutions provide timely access to results and support efficient test management
- Convenient appointment scheduling options for patients including the MyQuest[®] app



Clinical and operational support

- Access to 850+ medical and scientific experts for clinical consultation
- National customer service support for ordering, logistics, and follow-up needs

Screen beyond ANA. Choose a comprehensive autoimmune screen like ANALyzeR. Learn more at [DiagnoseAutoimmune.com](https://www.questdiagnostics.com/ANA)

References

1. Liu X, Patel AB, Seidel JE, et al. Traveling towards timeliness: the association between geographic access and wait times for rheumatology consultation in a centralized referral system. *Healthcare (Basel)*. 2025;13(19):2533. doi:10.3390/healthcare13192533 2. Mechleb K, Hmamouchi I, Abdulateef N, et al. Exploring diagnostic timelines: a cross-sectional study of referral and diagnostic delays of patients with chronic inflammatory rheumatic diseases. *Arab J Rheumatol*. 2025;3:5-13. doi:10.4103/ajr.ajr_17_24 3. Autoimmune Association. Tips for getting a diagnosis of an autoimmune disease. Accessed February 24, 2026. <https://autoimmune.org/resource-center/diagnosis-tips/> 4. Data on file. Quest Diagnostics; 2026. 5. Lockshin ME, Levine AB, Erkan D. Patients with overlap autoimmune disease differ from those with 'pure' disease. *Lupus Sci Med*. 2015;2:e000084. doi:10.1136/lupus-2015-000084 6. Icen M, Nicola PJ, Maradit-Kremers H, et al. Systemic lupus erythematosus features in rheumatoid arthritis and their impact on overall mortality. *J Rheumatol*. 2009;36(1):50-57. doi:10.3899/jrheum.080091 7. Panush RS, Kramier N, Rosenstein ED, et al. Undifferentiated systemic rheumatic (connective tissue) diseases and overlap syndromes. UptoDate. Updated October 8, 2025. Accessed January 30, 2026. <https://www.uptodate.com/contents/undifferentiated-systemic-rheumatic-connective-tissue-diseases-and-overlap-syndromes>

Test codes may vary by location. Please contact your local laboratory for more information.

The CPT[®] codes provided are based on American Medical Association guidelines and are for informational purposes only. CPT coding is the sole responsibility of the billing party. Please direct any questions regarding coding to the payer being billed.

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