Aurora Life Sciences

Independent Testing Laboratory

Specializing in Autoimmune Marker Detection

Predictive Gastric Markers to:	Indication
IgA Status	Normal/Deficient - The Immune System “is/is not” producing antibodies that protect against infections of the mucous membrane lining
tTG	**Tissue Transglutaminase -** Associated with Celiac disease (CD) or Dermatitis Herpetiformis
DGP	**Deamidated Gliadin Peptide -** Associated with Celiac disease (CD) or Dermatitis Herpetiformis
ASCA	**Saccharomyces Cerevisiae -** Associated with Crohn’s disease
MPO	**Myeloperoxidase (pANCA) -** Associated with systemic vasculitis, especially kidney involvement such as necrotising glomerulonephritis (RPGN)
BPI	**Bactericidal Permeability Increasing Protein -** Follow-up of patients with Cystic Fibrosis. Correlation with colonization of P. aeruginosa in airways. Associated with prior or present Gram Negative Bacterial induced Inflammation
AGPC	**Gastric Parietal Cells -** Associated with Pernicious Anaemia and Atrophic Gastritis
IFAB	**Intrinsic Factor -** Associated with Pernicious Anaemia or Atrophic Gastritis
PR3	**Proteinase 3 (cANCA) -** Associated with Systemic Vasculitis such as Granulomatosis with Polyangiitis (GPA) (formerly Wegener's)
TPO	**Thyroid Peroxidase -** Associated with Chronic Thyroid disease with hyper/hypo function or subacute Thyroiditis such as Hashimoto’s thyroiditis
M2	**Mitochondria type M2 -** Associated with Primary Biliary Cirrhosis
LKM-1	**Liver/Kidney Microsomes -** Associated with Autoimmune Hepatitis (type II)
LC1	**Liver Cytosol type 1 -** Associated with Autoimmune Hepatitis (type II), often together with LKM-1 antibodies
SLA	**Soluble Liver Antigen –** Liver/Kidney Microsomes
GBM	**Glomerular Basement Membrane -** Associated with Goodpasture’s syndrome
sp100	**Nuclear Antigen -** Associated with Primary Biliary Cirrhosis

On suspicion of an autoimmune disease it should be noted that findings of autoantibodies can only be used to support the diagnosis, as autoantibodies may occur without a disease or as a transient phenomenon during infection. A positive or negative result of a test can therefore not be used for a diagnosis, if there are no defined clinical disease criteria.
In some diseases, it may be appropriate to monitor the concentration of autoantibodies with regard to the development of manifest disease, on other occasions with regard to the assessment of disease activity, prognosis or effect of the treatment. Not all the autoantibodies associated with an autoimmune disorder are necessary to diagnose an autoimmune disorder.

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