IMACS FORM 01A: CORE PATIENT DATA

To be completed at study entry only

Subject ID _____

Assessor _____

Date of assessment (mm/dd/yy) _____

Study Visit _____

Type of Study: Therapeutic Trial_____ Natural History Study_____ Other_____

Name of Study: _____

Age at time of Enrollment: ___ Years ____ Months Sex: Male◯ Female◯

Ethnicity: ◯Hispanic or Latino ◯ Not Hispanic or Latino ◯Unknown/Not reported

Race: Check all that apply:

- ☐ White or Caucasian
- ☐ African-American or Black
- ☐ Asian or Asian American, Pacific Islander
- ☐ Native American or Alaskan Native
- ☐ Other (please specify) _____
- ☐ Unknown/Not reported

Date of First Symptom/Sign attributable to IIM (mm/yy): ___/____

First Symptom(s)/Sign(s) (Check all that apply):

- ☐ myalgia ☐ arthralgia
- ☐ weakness ☐ fatigue
- ☐ rash ☐ fever
- ☐ dyspnea ☐ dysphagia
- ☐ other: _____

Date of IIM diagnosis (mm/yy): ____/____

Date of first treatment for IIM (mm/yy): ____/____

Severity of IIM at Onset:

◯1 = Mild ◯2 = Moderate ◯3 = Severe ◯4 = Extremely severe

Initial Myositis Diagnostic testing: *Criteria for diagnosis*	**Yes**	**No**	**Not Assessed**
EMG performed: If yes, what was the date: __/____ (mm/yyyy)	○	○	○
EMG findings consistent with myositis	○	○	○
1- Myopathic motor units:	○	○	○
2- Neurogenic motor units:	○	○	○
3- Spontaneous activity (e.g., fibrillation potentials, positive sharp waves): Comment: _____ [free text]	○	○	○
Initial Myositis Diagnostic testing: Criteria for diagnosis	**Yes**	**No**	**Not Assessed**
MRI performed: If yes, what was the date: __/____ (mm/yyyy)	○	○	○
MRI findings consistent with myositis	○	○	○
1- Muscle edema:	○	○	○
2- Subcutaneous edema:	○	○	○
3- Myofascial edema:	○	○	○
4- Muscle atrophy:	○	○	○
5- Fatty replacement:	○	○	○
6- Increased water diffusion in inflamed muscles by DWI or DTI	○	○	○
7- Relative sparing of the rectus femoris	○	○	○
Muscle biopsy performed: If yes, what was the date: __/____ (mm/yyyy)	○	○	○
Muscle biopsy findings consistent with myositis	○	○	○
1- Endomysial infiltration of mononuclear cells surrounding, but not invading, myofibers.	○	○	○
2- Perimysial and/or perivascular infiltration of mononuclear cells	○	○	○
3- Perifascicular atrophy	○	○	○
4- Myonecrosis – endomysial	○	○	○
5- Myonecrosis- perifascicular	○	○	○
6- Rimmed vacuoles	○	○	○
7- Other, specify (including immune stains, i.e., MHC Class I, C5b9, etc.) _____	○	○	○
Skin biopsy performed: If yes, what was the date: __/____ (mm/yyyy)	○	○	○
Skin biopsy findings consistent with DM	○	○	○
1- Vacuolar interface dermatitis	○	○	○
2- Perivascular lymphocytic inflammation	○	○	○
3- Keratinocyte dyskeratosis	○	○	○
4- Increased reticular dermal mucin	○	○	○
5- Other, specify: _____	○	○	○
Elevation in serum skeletal muscle enzymes prior to the diagnosis date: Date: __/____ (mm/yyyy)	○	○	○

	Unit	***Maximum Value***	***Upper Limit Normal***
Creatine Kinase (CK)	IU/L ○ ukat/L ○		
Lactate dehydrogenase (LDH)	IU/L ○ ukat/L ○		
Aspartate aminotransferase (AST/SGOT)	IU/L ○ ukat/L ○		
Alanine aminotransferase (ALT/SGPT)	IU/L ○ ukat/L ○		
Aldolase:	IU/L ○ ukat/L ○		

Myositis Clinical and Serologic Group (based on physician diagnosis)

Myositis Primary Clinical Group:

Select One: ◯ Adult OR ◯ Juvenile (< than 18 years age at first symptom)

Select all that apply:

- ☐ Dermatomyositis
- ☐ Anti-Synthetase Syndrome
- ☐ Overlap myositis
- ☐ Inclusion body myositis
- ☐ Other: please clarify_____
- ☐ Immune-mediated necrotizing myopathy (IMNM)
- ☐ Polymyositis
- ☐ Cancer-associated myositis
- ☐ Clinically Amyopathic Dermatomyositis

Does the patient have Overlap Myositis, defined by myositis plus another autoimmune disease?

___◯ Yes ___◯ No,

If yes, does the patient meet criteria for systemic autoimmune disease? Select all that apply:

- ☐ SLE
- ☐ RA
- ☐ JIA
- ☐ Other: please clarify _____
- ☐ Scleroderma
- ☐ Sjogren's
- ☐ MCTD

If yes, does the patient meet criteria for organ-specific autoimmune disease? Select all that apply:

- ☐ Autoimmune thyroid disease
- ☐ Celiac disease
- ☐ Type 1 diabetes
- ☐ Other: please clarify_____

Does the patient have Cancer-associated myositis? (i.e., Diagnosed with cancer, excluding focal squamous/basal cell carcinoma of the skin or focal cervical carcinoma or prostate carcinoma in situ) within 3 years of myositis onset)

Date of cancer: ____/_____ Month/Year

___◯ Yes ___◯ No; If yes, select all that apply:

- ☐ Lung
- ☐ Ovary
- ☐ Breast
- ☐ Colon
- ☐ Lymphoma
- ☐ Leukemia
- ☐ Melanoma
- ☐ Oropharyngeal
- ☐ Stomach
- ☐ Prostate
- ☐ Bladder
- ☐ Cervix
- ☐ Pancreas
- ☐ Esophagus
- ☐ T-large cell granular leukemia (TGL)
- ☐ Other specify: _____

Myositis Autoantibodies Tested at Any Time During Illness Course:

Myositis Specific Autoantibody	**Result** (Check One)	**Assay Used** (Check all that apply)	**Assay Kit** (if applicable)	**Lab Tested**
Jo-1 (Histidyl) Date Tested: _ _/_ _/_ _	◯ Negative ◯ Positive ◯ Not Tested If applicable, Positive result: _____ ULN: _____ Units: _____ (if applicable)	☐ Chemiluminescence ☐ ELISA/ELIA ☐ EIA ☐ Immunoblotting/Line Blot ☐ ImmunoDOT ☐ Immunodiffusion ☐ Immunoprecipitation ☐ Immunoprecipitation – IB ☐ Multiplex Particle Based Assay ☐ Unknown ☐ Other, please specify: _____	☐ Euroimmun ☐ DTek ☐ MBL ☐ Other, please specify: _____	☐ OMRF ☐ LabCorp ☐ ARUP ☐ Quest ☐ Mayo ☐ WU NEUROMUSCULAR ☐ Other, please specify: _____
Myositis Specific Autoantibody	**Result** (Check One)	**Assay Used** (Check all that apply)	**Assay Kit** (if applicable)	**Lab Tested**
PL-7 (Threonyl) Date Tested: _ _/_ _/_ _	◯ Negative ◯ Positive ◯ Not Tested If applicable, Positive result: _____ ULN: _____ Units: _____ (if applicable)	☐ Chemiluminescence ☐ ELISA/ELIA ☐ EIA ☐ Immunoblotting/Line Blot ☐ ImmunoDOT ☐ Immunodiffusion ☐ Immunoprecipitation ☐ Immunoprecipitation – IB ☐ Multiplex Particle Based Assay ☐ Unknown ☐ Other, please specify: _____	☐ Euroimmun ☐ DTek ☐ MBL ☐ Other, please specify: _____	☐ OMRF ☐ LabCorp ☐ ARUP ☐ Quest ☐ Mayo ☐ WU NEUROMUSCULAR ☐ Other, please specify: _____
PL-12 (Alanyl) Date Tested: _ _/_ _/_ _	◯ Negative ◯ Positive ◯ Not Tested If applicable, Positive result: _____ ULN: _____ Units: _____ (if applicable)	☐ Chemiluminescence ☐ ELISA/ELIA ☐ EIA ☐ Immunoblotting/Line Blot ☐ ImmunoDOT ☐ Immunodiffusion ☐ Immunoprecipitation ☐ Immunoprecipitation – IB ☐ Multiplex Particle Based Assay ☐ Unknown ☐ Other, please specify: _____	☐ Euroimmun ☐ DTek ☐ MBL ☐ Other, please specify: _____	☐ OMRF ☐ LabCorp ☐ ARUP ☐ Quest ☐ Mayo ☐ WU NEUROMUSCULAR ☐ Other, please specify: _____
EJ (Glycyl) Date Tested: _ _/_ _/_ _	◯ Negative ◯ Positive ◯ Not Tested If applicable, Positive result: _____ ULN: _____ Units: _____ (if applicable)	☐ Chemiluminescence ☐ ELISA/ELIA ☐ EIA ☐ Immunoblotting/Line Blot ☐ ImmunoDOT ☐ Immunodiffusion ☐ Immunoprecipitation ☐ Immunoprecipitation – IB ☐ Multiplex Particle Based Assay ☐ Unknown ☐ Other, please specify: _____	☐ Euroimmun ☐ DTek ☐ MBL ☐ Other, please specify: _____	☐ OMRF ☐ LabCorp ☐ ARUP ☐ Quest ☐ Mayo ☐ WU NEUROMUSCULAR ☐ Other, please specify: _____

Myositis Specific Autoantibody	Result (Check One)	Assay Used (Check all that apply)	Assay Kit (if applicable)	Lab Tested
OJ (Isoleucyl) Date Tested: _ _/_ _/_ _	◯Negative ◯Positive ◯Not Tested If applicable, Positive result: _____ ULN: _____ Units: _____ (if applicable)	☐Chemiluminescence ☐ELISA/ELIA ☐EIA ☐Immunoblotting/Line Blot ☐ImmunoDOT ☐Immunodiffusion ☐Immunoprecipitation ☐Immunoprecipitation – IB ☐Multiplex Particle Based Assay ☐Unknown ☐Other, please specify: _____	☐Euroimmun ☐DTek ☐MBL ☐Other, please specify: _____	☐OMRF ☐LabCorp ☐ARUP ☐Quest ☐Mayo ☐WU NEUROMUSCULAR ☐Other, please specify: _____
Ha (tyrosyl) Date Tested: _ _/_ _/_ _	◯Negative ◯Positive ◯Not Tested If applicable, Positive result: _____ ULN: _____ Units: _____ (if applicable)	☐Chemiluminescence ☐ELISA/ELIA ☐EIA ☐Immunoblotting/Line Blot ☐ImmunoDOT ☐Immunodiffusion ☐Immunoprecipitation ☐Immunoprecipitation – IB ☐Multiplex Particle Based Assay ☐Unknown ☐Other, please specify: _____	☐Euroimmun ☐DTek ☐MBL ☐Other, please specify: _____	☐OMRF ☐LabCorp ☐ARUP ☐Quest ☐Mayo ☐WU NEUROMUSCULAR ☐Other, please specify: _____
Zo (Phenylalanyl) Date Tested: _ _/_ _/_ _	◯Negative ◯Positive ◯Not Tested If applicable, Positive result: _____ ULN: _____ Units: _____ (if applicable)	☐Chemiluminescence ☐ELISA/ELIA ☐EIA ☐Immunoblotting/Line Blot ☐ImmunoDOT ☐Immunodiffusion ☐Immunoprecipitation ☐Immunoprecipitation – IB ☐Multiplex Particle Based Assay ☐Unknown ☐Other, please specify: _____	☐Euroimmun ☐DTek ☐MBL ☐Other, please specify: _____	☐OMRF ☐LabCorp ☐ARUP ☐Quest ☐Mayo ☐WU NEUROMUSCULAR ☐Other, please specify: _____
Other Anti-Synthetase Ab: _____ Date Tested: _ _/_ _/_ _	◯Negative ◯Positive ◯Not Tested If applicable, Positive result: _____ ULN: _____ Units: _____ (if applicable)	☐Chemiluminescence ☐ELISA/ELIA ☐EIA ☐Immunoblotting/Line Blot ☐ImmunoDOT ☐Immunodiffusion ☐Immunoprecipitation ☐Immunoprecipitation – IB ☐Multiplex Particle Based Assay ☐Unknown ☐Other, please specify: _____	☐Euroimmun ☐DTek ☐MBL ☐Other, please specify: _____	☐OMRF ☐LabCorp ☐ARUP ☐Quest ☐Mayo ☐WU NEUROMUSCULAR ☐Other, please specify: _____

Myositis Specific Autoantibody	Result (Check One)	Assay Used (Check all that apply)	Assay Kit (if applicable)	Lab Tested
TIF1-γ (p155/140) Date Tested: _ _/_ _/_ _	◯Negative ◯Positive ◯Not Tested If applicable, Positive result: _____ ULN: _____ Units: _____ (if applicable)	☐Chemiluminescence ☐ELISA/ELIA ☐EIA ☐Immunoblotting/Line Blot ☐ImmunoDOT ☐Immunodiffusion ☐Immunoprecipitation ☐Immunoprecipitation – IB ☐Multiplex Particle Based Assay ☐Unknown ☐Other, please specify: _____	☐Euroimmun ☐DTek ☐MBL ☐Other, please specify: _____	☐OMRF ☐LabCorp ☐ARUP ☐Quest ☐Mayo ☐WU NEUROMUSCULAR ☐Other, please specify: _____
MDA5 (Anti-CADAM-140) Date Tested: _ _/_ _/_ _	◯Negative ◯Positive ◯Not Tested If applicable, Positive result: _____ ULN: _____ Units: _____ (if applicable)	☐Chemiluminescence ☐ELISA/ELIA ☐EIA ☐Immunoblotting/Line Blot ☐ImmunoDOT ☐Immunodiffusion ☐Immunoprecipitation ☐Immunoprecipitation – IB ☐Multiplex Particle Based Assay ☐Unknown ☐Other, please specify: _____	☐Euroimmun ☐DTek ☐MBL ☐Other, please specify: _____	☐OMRF ☐LabCorp ☐ARUP ☐Quest ☐Mayo ☐WU NEUROMUSCULAR ☐Other, please specify: _____
NXP-2 (MJ) Date Tested: _ _/_ _/_ _	◯Negative ◯Positive ◯Not Tested If applicable, Positive result: _____ ULN: _____ Units: _____ (if applicable)	☐Chemiluminescence ☐ELISA/ELIA ☐EIA ☐Immunoblotting/Line Blot ☐ImmunoDOT ☐Immunodiffusion ☐Immunoprecipitation ☐Immunoprecipitation – IB ☐Multiplex Particle Based Assay ☐Unknown ☐Other, please specify: _____	☐Euroimmun ☐DTek ☐MBL ☐Other, please specify: _____	☐OMRF ☐LabCorp ☐ARUP ☐Quest ☐Mayo ☐WU NEUROMUSCULAR ☐Other, please specify: _____
Mi-2 Date Tested: _ _/_ _/_ _	◯Negative ◯Positive ◯Not Tested If applicable, Positive result: _____ ULN: _____ Units: _____ (if applicable)	☐Chemiluminescence ☐ELISA/ELIA ☐EIA ☐Immunoblotting/Line Blot ☐ImmunoDOT ☐Immunodiffusion ☐Immunoprecipitation ☐Immunoprecipitation – IB ☐Multiplex Particle Based Assay ☐Unknown ☐Other, please specify: _____	☐Euroimmun ☐DTek ☐MBL ☐Other, please specify: _____	☐OMRF ☐LabCorp ☐ARUP ☐Quest ☐Mayo ☐WU NEUROMUSCULAR ☐Other, please specify: _____

Myositis Specific Autoantibody	Result (Check One)	Assay Used (Check all that apply)	Assay Kit (if applicable)	Lab Tested
Mi-2α Date Tested: _ _/_ _/_ _	◯Negative ◯Positive ◯Not Tested If applicable, Positive result: _____ ULN: _____ Units: _____ (if applicable)	☐Chemiluminescence ☐ELISA/ELIA ☐EIA ☐Immunoblotting/Line Blot ☐ImmunoDOT ☐Immunodiffusion ☐Immunoprecipitation ☐Immunoprecipitation – IB ☐Multiplex Particle Based Assay ☐Unknown ☐Other, please specify: _____	☐Euroimmun ☐DTek ☐MBL ☐Other, please specify: _____	☐OMRF ☐LabCorp ☐ARUP ☐Quest ☐Mayo ☐WU NEUROMUSCULAR ☐Other, please specify: _____
Mi-2β Date Tested: _ _/_ _/_ _	◯Negative ◯Positive ◯Not Tested If applicable, Positive result: _____ ULN: _____ Units: _____ (if applicable)	☐Chemiluminescence ☐ELISA/ELIA ☐EIA ☐Immunoblotting/Line Blot ☐ImmunoDOT ☐Immunodiffusion ☐Immunoprecipitation ☐Immunoprecipitation – IB ☐Multiplex Particle Based Assay ☐Unknown ☐Other, please specify: _____	☐Euroimmun ☐DTek ☐MBL ☐Other, please specify: _____	☐OMRF ☐LabCorp ☐ARUP ☐Quest ☐Mayo ☐WU NEUROMUSCULAR ☐Other, please specify: _____
SRP Date Tested: _ _/_ _/_ _	◯Negative ◯Positive ◯Not Tested If applicable, Positive result: _____ ULN: _____ Units: _____ (if applicable)	☐Chemiluminescence ☐ELISA/ELIA ☐EIA ☐Immunoblotting/Line Blot ☐ImmunoDOT ☐Immunodiffusion ☐Immunoprecipitation ☐Immunoprecipitation – IB ☐Multiplex Particle Based Assay ☐Unknown ☐Other, please specify: _____	☐Euroimmun ☐DTek ☐MBL ☐Other, please specify: _____	☐OMRF ☐LabCorp ☐ARUP ☐Quest ☐Mayo ☐WU NEUROMUSCULAR ☐Other, please specify: _____
HMGCR Date Tested: _ _/_ _/_ _	◯Negative ◯Positive ◯Not Tested If applicable, Positive result: _____ ULN: _____ Units: _____ (if applicable)	☐Chemiluminescence ☐ELISA/ELIA ☐EIA ☐Immunoblotting/Line Blot ☐ImmunoDOT ☐Immunodiffusion ☐Immunoprecipitation ☐Immunoprecipitation – IB ☐Multiplex Particle Based Assay ☐Unknown ☐Other, please specify: _____	☐Euroimmun ☐DTek ☐MBL ☐Other, please specify: _____	☐OMRF ☐LabCorp ☐ARUP ☐Quest ☐Mayo ☐WU NEUROMUSCULAR ☐Other, please specify: _____

Myositis Specific Autoantibody	Result (Check One)	Assay Used (Check all that apply)	Assay Kit (if applicable)	Lab Tested
U1RNP Date Tested: _ _/_ _/_ _	◯Negative ◯Positive ◯Not Tested If applicable, Positive result: _____ ULN: _____ Units: _____ (if applicable)	☐Chemiluminescence ☐ELISA/ELIA ☐EIA ☐Immunoblotting/Line Blot ☐ImmunoDOT ☐Immunodiffusion ☐Immunoprecipitation ☐Immunoprecipitation – IB ☐Multiplex Particle Based Assay ☐Unknown ☐Other, please specify: _____	☐Euroimmun ☐DTek ☐MBL ☐Other, please specify: _____	☐OMRF ☐LabCorp ☐ARUP ☐Quest ☐Mayo ☐WU NEUROMUSCULAR ☐Other, please specify: _____
Ro (SSA) Date Tested: _ _/_ _/_ _	◯Negative ◯Positive ◯Not Tested If applicable, Positive result: _____ ULN: _____ Units: _____ (if applicable)	☐Chemiluminescence ☐ELISA/ELIA ☐EIA ☐Immunoblotting/Line Blot ☐ImmunoDOT ☐Immunodiffusion ☐Immunoprecipitation ☐Immunoprecipitation – IB ☐Multiplex Particle Based Assay ☐Unknown ☐Other, please specify: _____	☐Euroimmun ☐DTek ☐MBL ☐Other, please specify: _____	☐OMRF ☐LabCorp ☐ARUP ☐Quest ☐Mayo ☐WU NEUROMUSCULAR ☐Other, please specify: _____
Ro60 Date Tested: _ _/_ _/_ _	◯Negative ◯Positive ◯Not Tested If applicable, Positive result: _____ ULN: _____ Units: _____ (if applicable)	☐Chemiluminescence ☐ELISA/ELIA ☐EIA ☐Immunoblotting/Line Blot ☐ImmunoDOT ☐Immunodiffusion ☐Immunoprecipitation ☐Immunoprecipitation – IB ☐Multiplex Particle Based Assay ☐Unknown ☐Other, please specify: _____	☐Euroimmun ☐DTek ☐MBL ☐Other, please specify: _____	☐OMRF ☐LabCorp ☐ARUP ☐Quest ☐Mayo ☐WU NEUROMUSCULAR ☐Other, please specify: _____
Ro52 Date Tested: _ _/_ _/_ _	◯Negative ◯Positive ◯Not Tested If applicable, Positive result: _____ ULN: _____ Units: _____ (if applicable)	☐Chemiluminescence ☐ELISA/ELIA ☐EIA ☐Immunoblotting/Line Blot ☐ImmunoDOT ☐Immunodiffusion ☐Immunoprecipitation ☐Immunoprecipitation – IB ☐Multiplex Particle Based Assay ☐Unknown ☐Other, please specify: _____	☐Euroimmun ☐DTek ☐MBL ☐Other, please specify: _____	☐OMRF ☐LabCorp ☐ARUP ☐Quest ☐Mayo ☐WU NEUROMUSCULAR ☐Other, please specify: _____
La (SSB) Date Tested: _ _/_ _/_ _	◯Negative ◯Positive ◯Not Tested If applicable, Positive result: _____ ULN: _____ Units: _____ (if applicable)	☐Chemiluminescence ☐ELISA/ELIA ☐EIA ☐Immunoblotting/Line Blot ☐ImmunoDOT ☐Immunodiffusion ☐Immunoprecipitation ☐Immunoprecipitation – IB ☐Multiplex Particle Based Assay ☐Unknown ☐Other, please specify: _____	☐Euroimmun ☐DTek ☐MBL ☐Other, please specify: _____	☐OMRF ☐LabCorp ☐ARUP ☐Quest ☐Mayo ☐WU NEUROMUSCULAR ☐Other, please specify: _____

Myositis Specific Autoantibody	Result (Check One)	Assay Used (Check all that apply)	Assay Kit (if applicable)	Lab Tested
Ku Date Tested: _ _/_ _/_ _	◯Negative ◯Positive ◯Not Tested If applicable, Positive result: _____ ULN: _____ Units: _____ (if applicable)	☐Chemiluminescence ☐ELISA/ELIA ☐EIA ☐Immunoblotting/Line Blot ☐ImmunoDOT ☐Immunodiffusion ☐Immunoprecipitation ☐Immunoprecipitation – IB ☐Multiplex Particle Based Assay ☐Unknown ☐Other, please specify: _____	☐Euroimmun ☐DTek ☐MBL ☐Other, please specify: _____	☐OMRF ☐LabCorp ☐ARUP ☐Quest ☐Mayo ☐WU NEUROMUSCULAR ☐Other, please specify: _____
PM-Scl Date Tested: _ _/_ _/_ _	◯Negative ◯Positive ◯Not Tested If applicable, Positive result: _____ ULN: _____ Units: _____ (if applicable)	☐Chemiluminescence ☐ELISA/ELIA ☐EIA ☐Immunoblotting/Line Blot ☐ImmunoDOT ☐Immunodiffusion ☐Immunoprecipitation ☐Immunoprecipitation – IB ☐Multiplex Particle Based Assay ☐Unknown ☐Other, please specify: _____	☐Euroimmun ☐DTek ☐MBL ☐Other, please specify: _____	☐OMRF ☐LabCorp ☐ARUP ☐Quest ☐Mayo ☐WU NEUROMUSCULAR ☐Other, please specify: _____
PM-Scl-75 Date Tested: _ _/_ _/_ _	◯Negative ◯Positive ◯Not Tested If applicable, Positive result: _____ ULN: _____ Units: _____ (if applicable)	☐Chemiluminescence ☐ELISA/ELIA ☐EIA ☐Immunoblotting/Line Blot ☐ImmunoDOT ☐Immunodiffusion ☐Immunoprecipitation ☐Immunoprecipitation – IB ☐Multiplex Particle Based Assay ☐Unknown ☐Other, please specify: _____	☐Euroimmun ☐DTek ☐MBL ☐Other, please specify: _____	☐OMRF ☐LabCorp ☐ARUP ☐Quest ☐Mayo ☐WU NEUROMUSCULAR ☐Other, please specify: _____
PM-Scl-100 Date Tested: _ _/_ _/_ _	◯Negative ◯Positive ◯Not Tested If applicable, Positive result: _____ ULN: _____ Units: _____ (if applicable)	☐Chemiluminescence ☐ELISA/ELIA ☐EIA ☐Immunoblotting/Line Blot ☐ImmunoDOT ☐Immunodiffusion ☐Immunoprecipitation ☐Immunoprecipitation – IB ☐Multiplex Particle Based Assay ☐Unknown ☐Other, please specify: _____	☐Euroimmun ☐DTek ☐MBL ☐Other, please specify: _____	☐OMRF ☐LabCorp ☐ARUP ☐Quest ☐Mayo ☐WU NEUROMUSCULAR ☐Other, please specify: _____
NT5C1A/anti-cN1A Date Tested: _ _/_ _/_ _	◯Negative ◯Positive ◯Not Tested If applicable, Positive result: _____ ULN: _____ Units: _____ (if applicable)	☐Chemiluminescence ☐ELISA/ELIA ☐EIA ☐Immunoblotting/Line Blot ☐ImmunoDOT ☐Immunodiffusion ☐Immunoprecipitation ☐Immunoprecipitation – IB ☐Multiplex Particle Based Assay ☐Unknown ☐Other, please specify: _____	☐Euroimmun ☐DTek ☐MBL ☐Other, please specify: _____	☐OMRF ☐LabCorp ☐ARUP ☐Quest ☐Mayo ☐WU NEUROMUSCULAR ☐Other, please specify: _____

Myositis Specific Autoantibody	Result (Check One)	Assay Used (Check all that apply)	Assay Kit (if applicable)	Lab Tested
Other: _____ Date Tested: _ _/_ _/_ _	◯Negative ◯Positive ◯Not Tested If applicable, Positive result: _____ ULN: _____ Units: _____ (if applicable)	☐Chemiluminescence ☐ELISA/ELIA ☐EIA ☐Immunoblotting/Line Blot ☐ImmunoDOT ☐Immunodiffusion ☐Immunoprecipitation ☐Immunoprecipitation – IB ☐Multiplex Particle Based Assay ☐Unknown ☐Other, please specify: _____	☐Euroimmun ☐DTek ☐MBL ☐Other, please specify: _____	☐OMRF ☐LabCorp ☐ARUP ☐Quest ☐Mayo ☐WU NEUROMUSCULAR ☐Other, please specify: _____
Other: _____ Date Tested: _ _/_ _/_ _	◯Negative ◯Positive ◯Not Tested If applicable, Positive result: _____ ULN: _____ Units: _____ (if applicable)	☐Chemiluminescence ☐ELISA/ELIA ☐EIA ☐Immunoblotting/Line Blot ☐ImmunoDOT ☐Immunodiffusion ☐Immunoprecipitation ☐Immunoprecipitation – IB ☐Multiplex Particle Based Assay ☐Unknown ☐Other, please specify: _____	☐Euroimmun ☐DTek ☐MBL ☐Other, please specify: _____	☐OMRF ☐LabCorp ☐ARUP ☐Quest ☐Mayo ☐WU NEUROMUSCULAR ☐Other, please specify: _____

ANA	Result (Check One)	Assay Used (Check all that apply)	Assay Kit (if applicable)	Lab Tested
ANA Date Tested: _ _/_ _/_ _ Pattern: ☐Cytoplasmic ☐Homogenous ☐Speckled ☐Nucleolar ☐Centromere ☐Mixed Patterns ☐Not reported/ ☐Unknown	◯Negative ◯Positive ◯Not Tested Titer: _____	☐Immunofluorescence ☐EIA ☐MIA ☐Unknown ☐Other, please specify: _____	☐Euroimmun ☐DTek ☐MBL ☐Other, please specify: _____	☐OMRF ☐LabCorp ☐ARUP ☐Quest ☐Mayo ☐WU NEUROMUSCULAR ☐Other, please specify: _____