

Table 3**Common investigations in JIA**

Test	Clinical utility
Full blood count (FBC)	<ul style="list-style-type: none">● Anaemia, normocytic normochromic or microcytic● Normal or mildly raised white cell count with normal differential● Mildly raised platelets
Erythrocyte sedimentation rate (ESR) and C-reactive protein (CRP)	<ul style="list-style-type: none">● Often raised due to the inflammatory response
Immunology	<ul style="list-style-type: none">● RF, anti-double stranded DNA antibodies (dsDNA) and HLA B27 useful in classification● Consistently raised antinuclear antibody (ANA) suggests increased risk of uveitis. Although ANA is not diagnostic of JIA it is useful in classifying the disease and can inform the likely prognosis
Microbiology/ virology	<ul style="list-style-type: none">● Serology for bacterial or viral triggers if reactive arthritis suspected● Varicella zoster titres to check immunity before starting immunosuppressants