Since 1991
Dr. B. Lal Clinical Laboratory
Serves Best, Serves All

Dr. B. Lal Clinical Laboratory Pvt Ltd
6-E, Malviya Industrial Area, Malviya Nagar, Jaipur-302017
Website: www.blallab.com, Customer care: Ph.+91-91661 25555
Mail Id: customercare@blallab.com
CIN: U33125RJ1994PTC009129

TEST REPORT

Lab Serial No.	: **962106000031**	SIN No., Date	: **96004328** 08-07-21 02:12PM
Patient Name	: **Mr. SUKHDEV**	Sample collection date	: 08-07-2021 02:13PM
Referred by	: **Dr. Mahendra kumar**	Report Date	: 08-07-2021 02:59PM
Age/Gender	: 50 YRS / M	Report printed on	: 09-07-2021 08:31AM
Source BY	:		

SEROLOGY

Test Name	Observation	Unit	Biological Ref. interval
ANTI-SARS-Cov-2 IgG SPIKE ANTIBODY			
ANTI-SARS-Cov-2 IgG SPIKE ANTIBODY	187.6	Au/mL	
ANTI-SARS-Cov-2 IgM SPIKE ANTIBODY	89.3	Au/mL	

Guide Value:-

< 50 Negative - Indicates Absence of SARS-Cov-2 Spike Antibodies
> 50 Positive - Indicates presence of SARS-Cov-2 Spike Antibodies

Remarks:

1. The SARS-CoV-2 IgG II and IgM II Quant assay is a chemiluminescent microparticle immunoassay (CMIA) used for the qualitative and quantitative determination of IgG and IgM antibodies.
2. The assay is also to be used as an aid in evaluating immune status of individuals with quantitative measurement of IgG and IgM antibodies against the spike receptor-binding domain (RBD) of SARS-CoV-2. Results.

Limitations:

1. Results should be used in conjunction with other data; e.g., symptoms, results of other tests, and clinical impressions.
2. Negative results do not rule out SARS-CoV-2 infection, particularly in those who have been in contact with the virus. Follow-up testing with a molecular diagnostic should be considered to rule out infection in these individuals.
3. Results from antibody testing should not be used as the sole basis to diagnose or exclude SARS-CoV-2 infection or to inform infection status.
4. Immunocompromised patients who have COVID-19 may have a delayed antibody response and produce levels of antibody which may not be detected as positive by the assay. • The persistence of a SARS-CoV-2 immune response has not been fully established. Negative results may be observed due to a decline in antibody titer over time.
5. Potential interference has not been evaluated for substances other than those described in the SPECIFIC PERFORMANCE

Dr. B. Lal Gupta
MD Microbiology
Medical Director

Dr. Ruhi Munjal
DCP Pathology

Dr. Neha Shivran
M.D Biochemistry

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TEST REPORT

Lab Serial No.	: **962106000031**	SIN No., Date	: **96004328** 03-Jun-21 02:12 PM
Patient Name	: **Mr. ANIL KUMAR**	Sample collection date	: 03-Jun-2021 02:13PM
Referred by	: **Dr. SELF**	Report Date	: 03-Jun-2021 02:59PM
Age/Gender	: 27 YRS / M	Report printed on	: 04-Jun-2021 08:31AM
Source BY	:		

SEROLOGY

Test Name	Observation	Unit	Biological Ref. interval

CHARACTERISTICS section of this package insert.

6. Specimens from patients who have received preparations of mouse monoclonal antibodies for diagnosis or therapy may contain human anti-mouse antibodies (HAMA). Such specimens may show either falsely elevated or depressed values when tested with assay kits such as SARS-CoV-2 IgG II and IgM II Quant that employ mouse monoclonal antibodies.40, 41
7. Heterophilic antibodies in human serum can react with reagent immunoglobulins, interfering with in vitro immunoassays. Patients routinely exposed to animals or to animal serum products can be prone to this interference, and anomalous values may be observed.42
8. Rheumatoid factor (RF) in human serum can react with reagent immunoglobulins, interfering with in vitro immunoassays.

Reference: Kit insert Anti-SARS-CoV-2 IgG II and IgM II Quant from Architect.

*** End of report ***

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