

TEST REPORT

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| 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



Condition of Reporting:

The reported results are for information and for interpretation of the referring doctor only and should not be treated as conclusive proof of the disease. Results specifically relate to the sample received in the lab and are presumed to have been generated and transported as per instructions given by physician/laboratory. Report delivery may be delayed due to unforeseen circumstances which may be beyond the control of Dr. B. Lal Lab. If the result(s) of the test(s) is alarming or unexpected the patient is advised to contact the laboratory immediately for possible remedial advice/reconfirm. This report is not valid for Medico-Legal purposes.

TEST REPORT

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|--------------------------------------|--|
| 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.

- 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}
- 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
- 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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