

Name : Master S-O ADITYA SINGH
Lab No. : 446924040
Ref By : Dr. S.N.RAI MD. PEAD.
Collected : 26/6/2023 1:39:00PM
A/c Status : P
Collected at : RAHUL HOSPITAL

Age : 1 Month
Gender : Male
Reported : 27/6/2023 6:04:30PM
Report Status : Final
Processed at : Dr. Lal Path labs Ltd
Suddhipur ,Varanasi-221003

Test Report

Test Name	Results	Units	Bio. Ref. Interval
TORCH PANEL, IgG, SERUM (CLIA)			
Toxoplasma IgG	3.00	IU/mL	<7.20
Rubella IgG	8.76	IU/mL	<7.00
Cytomegalovirus, IgG	84.00	U/mL	<12.00
Herpes simplex virus 1+2, IgG	5.80	Index	<0.90

Interpretation

INFECTION	UNITS	NEGATIVE	EQUIVOCAL	POSITIVE
Toxoplasma IgG	IU/mL	<7.20	7.20-<8.80	>=8.80
Rubella IgG	IU/mL	<7.00	7.00 - <10.00	>=10.00
CMV IgG	U/mL	<12.00	12.00-<14.00	>=14.00
HSV 1+2 IgG	Index	<0.90	0.90-<1.10	>=1.10

Note:

1. This assay is used for quantitative detection of specific IgG antibodies to TORCH in serum samples.
2. Positive result indicates past infection with TORCH. Pregnant females with positive TORCH specific IgG antibodies are considered to be immune and hence risk of transmission of infection to fetus is minimal.
3. Equivocal results should be re-tested in 10-14 days.
4. Negative result indicates person has not been exposed to TORCH in the past. Pregnant females with negative TORCH specific IgG antibodies are considered at risk of transmission of infection to fetus. Patients with negative results in suspected disease should be re-tested after 10-14 days. False negative results can be due to immunosuppression or due to low/undetectable level of IgG antibodies.
5. To differentiate between recent and past infection, Toxoplasma, Rubella & CMV IgG avidity test is indicated.
6. Demonstration of rising antibody titer (four folds) in acute and convalescent sera taken 2-3 weeks apart are indicative of TORCH infection.
7. The result should be interpreted in conjunction with clinical finding and other diagnostic tests. The magnitude of the measured result is not indicative of the amount of antibody present.

Comments



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Test Report

Test Name Perinatal infections account for 2-3% of all congenital anomalies. TORCH which includes *Toxoplasma*, *Rubella*, *Cytomegalovirus* & *Herpes Simplex virus*, are some of the most common infections associated with Congenital anomalies. Most of the TORCH infections cause mild maternal morbidity, but have serious fetal consequences. Demonstration of Toxoplasma IgG in the serum of person with eye lesion helps in diagnosing ocular toxoplasmosis while persistent or increasing IgG antibody levels in the infant compared with the mother and/or positive result of Toxoplasma specific IgM or IgA are diagnostic of Congenital toxoplasmosis. Demonstration of rising antibody titer (four folds) in acute and convalescent sera taken 2-3 weeks apart are indicative of postnatal Rubella infection and to check response to Rubella vaccination. Single test results of CMV IgG are useful in screening organ transplant recipients and donors before transplantation and donors of blood products that are to be administered to premature infants and bone marrow transplant patients. Positive result of HSV (1+2) IgG indicates past infection with Herpes Simplex virus or administration of HSV immunoglobulins.

TORCH PANEL, IgM, SERUM (CLIA)

Toxoplasma IgM	3.00	AU/mL	<6.00
Rubella IgM	10.00	AU/mL	<20.00
Cytomegalovirus, IgM	5.00	U/mL	<18.00
Herpes simplex virus 1+2, IgM	0.50	Index	<0.90

Interpretation

INFECTION	UNITS	NEGATIVE	EQUIVOCAL	POSITIVE
Toxoplasma IgM	AU/mL	<6.00	6.00-8.00	>8.00
Rubella IgM	AU/mL	<20.00	20.00-<25.00	>=25.00
CMV IgM	U/mL	<18.00	18.00-<22.00	>=22.00
HSV 1+2 IgM	Index	<0.90	0.90-<1.10	>=1.10

Note:

- This assay is used for quantitative detection of specific IgM antibodies to TORCH in serum samples.
- Positive result for TORCH IgM indicates possible acute infection with TORCH. False positive reaction due to rheumatoid factor and persistence of positive IgM (except *Herpes Simplex virus*) for upto 2 years is not uncommon.



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Test Name	Results	Units	Bio. Ref. Interval
3.	An equivocal result requires repeat testing in 10-14 days.		
4.	Negative result indicates no serological evidence of infection with TORCH. False negative can be due to immunosuppression or due to low/undetectable level of IgM antibodies. A suspected diagnosis of acute TORCH infection should be confirmed by PCR analysis or repeat test after 10-14 days.		
5.	The diagnosis should not be established on the basis of single test and the results should be interpreted in conjunction with clinical findings.		
6.	The magnitude of the measured result is not indicative of the amount of antibody present.		

Comments

Perinatal infections account for 2-3% of all congenital anomalies. TORCH which includes Toxoplasma, Rubella, Cytomegalovirus & Herpes Simplex virus, are some of the most common infections associated with Congenital anomalies. Most of the TORCH infections cause mild maternal morbidity, but have serious fetal consequences. Reliable recognition of acute infection is highly important in pregnant women. IgM-positive result alone does not accurately predict the risk of fetal infection; a positive IgM test should therefore be considered only as a starting point and a more thorough diagnostic evaluation is necessary to determine whether there is a risk of fetal infection. Toxoplasmosis is acquired by humans through ingestion of food or water contaminated with cat feces or through eating undercooked meat containing viable oocysts. Vertical transmission of the parasite through the placenta can also occur, leading to congenital toxoplasmosis. Rubella is a viral exanthematous infectious disease caused by Rubella virus. The disease is usually accompanied by lymphadenopathy. Infection confers lifelong immunity. Rubella-specific IgM is found in virtually all infected patients by three weeks post development of a rash. Rubella-specific IgM is also found in 80% of post-vaccination patients by three weeks. Primary CMV infection may result in establishment of persistent or latent infection. In man the infection is usually asymptomatic. Infections can be acquired through direct contact with individuals shedding the virus. CMV can be transmitted vertically and horizontally, and infection can be classified as being acquired before birth (pre-natal), at the time of birth (perinatal) or later in life (postnatal). Infections are usually mild and asymptomatic but may pose a significant medical risk in pregnant women, newborns and immunocompromised individuals. Asymptomatic HSV infections may occur in healthy individuals and during pregnancy. Once infection occurs, HSV persists in a latent state in sensory ganglia from where it may re-emerge to cause periodic recurrence of infection induced by many stimuli, which may or may not result in clinical lesions. In immunocompromised patients the disease is more severe and they are more likely to have frequent HSV recurrences.

Acute infection of TORCH is suggested by:


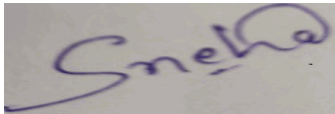

- Presence of IgM antibody
- Seroconversion or rising antibody titres between acute and convalescent serum specimen
- Low IgG avidity except in HSV infections.



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Test Name	Results	Units	Bio. Ref. Interval
			
Dr.Sadia Khan MD, Pathology Consultant Pathologist Dr Lal PathLabs Ltd	Dr Sneha Singh MD,Pathologist Consultant Pathologist Dr Lal PathLabs Ltd	Dr Mridula Shukla MBBS, DNB (Path) Chief of Laboratory & Histopathologist Dr Lal PathLabs Ltd	

-----End of report-----



IMPORTANT INSTRUCTIONS

•Test results released pertain to the specimen submitted. •All test results are dependent on the quality of the sample received by the Laboratory.
•Laboratory investigations are only a tool to facilitate in arriving at a diagnosis and should be clinically correlated by the Referring Physician. •Report delivery may be delayed due to unforeseen circumstances. Inconvenience is regretted. •Certain tests may require further testing at additional cost for derivation of exact value. Kindly submit request within 72 hours post reporting. •Test results may show interlaboratory variations. •The Courts/Forum at Delhi shall have exclusive jurisdiction in all disputes/claims concerning the test(s) & or results of test(s). •Test results are not valid for medico legal purposes. •This is computer generated medical diagnostic report that has been validated by Authorized Medical Practitioner/Doctor. •The report does not need physical signature.

(#) Sample drawn from outside source.

If Test results are alarming or unexpected, client is advised to contact the Customer Care immediately for possible remedial action.

Tel: +91-11-49885050, Fax: - +91-11-2788-2134, E-mail: lalpathlabs@lalpathlabs.com

