Name	: Ms.KAMINI KUMARI 389903	Centre Details	:PRIMUS HEALTHCARE PVT LTD.
Age	: 33 Yrs Sex: Female	SRFID/NIKSHAY ID	: /
Ref. No.	:	Accession.ID	: OQG2212030514
Registration Date	: 03/Dec/2022	Referred By	: SELF
Collection Date	: 03/Dec/2022 11:10AM	Report Date	: 05/Dec/2022 04:50PM
Received Date	: 03/Dec/2022 08:36PM	TRF No.	:

DEPARTMENT OF HAEMATOLOGY

Lupus Anticoagulant(DRVVT)

Platelet Poor Plasma

Lupus Anticoagulants (LAC) profile (Citrated plasma)

Investigation	Observed Value	Unit	Biological Reference Interval
Aptt			
aPTT, plasma	27.1	sec	23.0 -32.0
aPTT-Control	28.2	sec	

LA 1 SCREENING TEST

LA 1 SCREENING TEST	45.2	sec	40.4 – 49.4
LA 1 Screen Control*	44.9	sec	-

LUPUS ANTICOAGULANT

Lupus Anticoagulant*	Not Detected	Not Detected

Note : Please correlate with clinical and other biochemical findings and review accordingly.

Clinical Utility : Lupus anticoagulant is an antiphospholipid antibody directed against negatively charged phospholipids that is identified functionally by prolongation of in vitro phospholipids dependent coagulation test. Lupus anticoagulant is often associated with a thrombotic tendency.

Interpretation :

LA 1		**LA 2**		**Diagnosis**
Patient Plasma	Mix- Patient + Normal	Patient Plasma	Mix- Patient + Normal	
N	N	N	N	LA not detected
ABN	ABN	N	N	LA present
ABN	N	ABN	N	Factor deficient/OAT
ABN	ABN	ABN	N	LA + Factor deficient
ABN	ABN	ABN	ABN	Other inhibitor

LA 1 Screening

If ratio ———————— is greater than 2.0, LA is strongly present, LA 2 Confirm

Confirmación LA2

Dr. Sushrut Pownikar
MBBS, D.N.B (Path)
Head Quality/Deputy Lab Head
DMC RG-No.13892

This sample is processed by **ONCQUEST GURUGRAM**.
Verify this report by scanning th e QR code on top. In case of any discrepancy please report to 01246650000

Name	: Ms.KAMINI KUMARI 389903	Centre Details	:PRIMUS HEALTHCARE PVT LTD.
Age	: 33 Yrs Sex: Female	SRFID/NIKSHAY ID	: /
Ref. No.	:	Accession.ID	: OQG2212030514
Registration Date	: 03/Dec/2022	Referred By	: SELF
Collection Date	: 03/Dec/2022 11:10AM	Report Date	: 05/Dec/2022 04:50PM
Received Date	: 03/Dec/2022 08:36PM	TRF No.	:

DEPARTMENT OF HAEMATOLOGY

LA 1 Screening

If ratio ———————— is between 1.5 and 2.0, LA is moderately present, LA 2 Confirm

Confirmación LA2

LA 1 Screening

If ratio ———————— is between 1.2 and 1.5, LA is weakly present, LA 2 Confirm

Confirmación LA2

Each laboratory should determine its own normal range for both manual and automated methods to overcome differences in sample collection and instrumentation.

Limitations:

1. False Positive: Patients on heparin or heparin substitute; Coagulation factor VIII inhibitors.

2. False Negative: Elevated factor VIII levels, as may be seen in an acute infection or with replacement therapy when someone has Hemophillia A, may shorten the aPTT time, leading to a temporary false negative test for lupus anticoagulant.

Note:

Lupus anti-coagulants (LAs) are autoantibodies of class IgG or IgM or both which act against the anionic phospholipid portion of prothrombinase.

Increased in LA is associated with thromboembolism and they are an important cause of recurrent abortions. LAs occur frequently in patient of SLE but are also reported in other collagen disorders.

Various Methods for testing Lupus Anticoagulants inclute PTT-LA activated Kaolin clotting time and dilute Russels Viper Venom time. Out of these the DRVVT assay is the most robust & specific because DRVVT is not influenced by deficiencies of intrisic pathway or antibodies to factors VIII, IX or XI.

Reference : Update of the guidelines for lupus anticoagulant detection. Pengo V, Tripodi A, et al. J Thromb Haemost 2009; 7: 1737– 40.

Dr. Sushrut Pownikar
MBBS, D.N.B (Path)
Head Quality/Deputy Lab Head
DMC RG-No.13892

MC-5076

oncquest
discover diagnose defend

Name	: Ms.KAMINI KUMARI 389903	Centre Details	:PRIMUS HEALTHCARE PVT LTD.
Age	: 33 Yrs Sex: Female	SRFID/NIKSHAY ID	: /
Ref. No.	:	Accession.ID	: OQG2212030514
Registration Date	: 03/Dec/2022	Referred By	: SELF
Collection Date	: 03/Dec/2022 11:10AM	Report Date	: 04/Dec/2022 11:11AM
Received Date	: 03/Dec/2022 08:20PM	TRF No.	: 1383845A

DEPARTMENT OF SEROLOGY

Test Name	Result	Unit	Bio. Ref. Range
Toxoplasma IgM	0.05	Index Value	Non Reactive <0.50

Comments:-
* Toxoplasmosis is primarily acquired by ingestion of undercooked infected meat, fecally contaminated hands, food and water &
maternally through transplacental transmission.
* Severe infections can occur in AIDS and other immune-compromised states.
* Risk of cogenital infection is lowest (10-25%) if acute maternal infection occurs during the first trimester and highest (60 -90%)
if it occurs in 3rd trimester.
* Sero negative pregnant women should be monitored during pregnancy.
* IgM is detected in individual with recently acquired infection, but it can persist upto 18 months post infection
* Detectable IgG level denotes that infection has occured but does not differentiate between past and recent infection.
* 4 fold rise of IgG in paired sera tested 3 weeks apart indicates acute infection.

Toxo IgG	Toxo IgM	Toxo IgG Avidity	Remarks
nonreactive	nonreactive	N/A	no infection
nonreactive	reactive	N/A	Obtain new sample 2-3 weeks After initial sample and test for toxo IgG and IgM Both positive-Acute infection; IgG-ve ; IgM +ve---False positive
reactive	nonreactive	high avidity	past infection strong indication that an infection took place more than 4 months ago
reactive	reactive	low avidity	obtain new sample 3 weeks after initial sample and test for Toxo IgG and IgM
reactive	reactive	high avidity	past infection. Strong indication that an infection took place more than 4 months ago.

Note:

Dr. Ashish Bajaj
MBBS, MD-Microbiology
Consultant Microbiologist
DMC RG No.46801

This sample is processed by **ONCQUEST GURUGRAM**.
Verify this report by scanning th e QR code on top. In case of any discrepancy please report to 01246650000

MC-5076

oncquest
discover diagnose defend

Name	: Ms.KAMINI KUMARI 389903	Centre Details	:PRIMUS HEALTHCARE PVT LTD.
Age	: 33 Yrs Sex: Female	SRFID/NIKSHAY ID	: /
Ref. No.	:	Accession.ID	: OQG2212030514
Registration Date	: 03/Dec/2022	Referred By	: SELF
Collection Date	: 03/Dec/2022 11:10AM	Report Date	: 04/Dec/2022 11:11AM
Received Date	: 03/Dec/2022 08:20PM	TRF No.	: 1383845A

DEPARTMENT OF SEROLOGY

Test Name	Result	Unit	Bio. Ref. Range

1. Reactive result indicates past or acute infection with Toxoplasma gondii as the IgM antibodies can persist up to 18 months post infection.
2. To differentiate between recent and past infection, Toxoplasma IgG test is recommended and if positive, an IgG avidity test is required. High avidity index is a strong indicator that infection occurred more than 4 months back.

* Please note test values may vary depending on the assay method used.

Toxoplasma IgG 0.10 IU/mL 0-1.59

Comments:-

*Toxoplasmosis is primarily acquired by ingestion of undercooked infected meat, fecally contaminated hands, food and water &
maternally through transplacental transmission.

* Severe infections can occur in AIDS and other immune-compromised states.

* Risk of cogenital infection is lowest (10-25%) if acute maternal infection occurs during the first trimester and highest (60 -90%)
if it occurs in 3rd trimester.

* Sero negative pregnant women should be monitored during pregnancy.

* IgM is detected in individual with recently acquired infection, but it can persist upto 18 months post infection .Detectable IgG
level denotes that infection has occured but does not differentiate between past and recent infection.

* 4 fold rise of IgG in paired sera tested 3 weeks apart indicates acute infection.

Toxo IgG	Toxo IgM	Toxo IgG Avidity	Remarks
nonreactive	nonreactive	N/A	no infection
nonreactive	reactive	N/A	Obtain new sample 2-3 weeks After initial sample and test for toxo IgG and IgM Both positive-Acute infection; IgG-ve ; IgM +ve---False positive
reactive	nonreactive	high avidity	past infection strong indication that an infection took place more than 4 months ago
reactive	reactive	low avidity	obtain new sample 3 weeks after initial sample and test for

Dr. Ashish Bajaj
MBBS, MD-Microbiology
Consultant Microbiologist
DMC RG No.46801

This sample is processed by **ONCQUEST GURUGRAM**.
Verify this report by scanning th e QR code on top. In case of any discrepancy please report to 01246650000

MC-5076

oncquest
discover diagnose defend

Name	: Ms.KAMINI KUMARI 389903	Centre Details	:PRIMUS HEALTHCARE PVT LTD.
Age	: 33 Yrs Sex: Female	SRFID/NIKSHAY ID	: /
Ref. No.	:	Accession.ID	: OQG2212030514
Registration Date	: 03/Dec/2022	Referred By	: SELF
Collection Date	: 03/Dec/2022 11:10AM	Report Date	: 04/Dec/2022 11:11AM
Received Date	: 03/Dec/2022 08:20PM	TRF No.	: 1383845A

DEPARTMENT OF SEROLOGY

Test Name			Result	Unit	Bio. Ref. Range

			Toxo IgG and IgM
reactive	reactive	high avidity	past infection. Strong indication that an infection took place more than 4 months ago.

Note:
1. Non-Reactive result does not always exclude the possibility of Toxoplasma gondii infection. Patients with negative results in suspected early disease cases should be retested after 3 weeks.
2.Reactive result indicates past or acute infection with Toxoplasma gondii.
3.Equivocal results may contain low levels of IgG. In such cases it is recommended to test for IgM antibody and / or a second sample to be tested for IgG antibody after 2 weeks
4. Toxoplasma IgG antibodies do not distinguish between recent and past infection. IgM antibodies are detected in cases of recent infection but may persist up to 18 months post infection. To differentiate between recent and past infection, IgG avidity test is recommended. High avidity index is a strong indicator that infection occurred more than 4 months back.
* Please note test values may vary depending on the assay method used.

Comments:-
*Toxoplasmosis is primarily acquired by ingestion of undercooked infected meat, fecally contaminated hands, food and water &
maternally through transplacental transmission.
* Severe infections can occur in AIDS and other immune-compromised states.
* Risk of cogenital infection is lowest (10-25%) if acute maternal infection occurs during the first trimester and highest (60 -90%)
if it occurs in 3rd trimester.
* Sero negative pregnant women should be monitored during pregnancy.
* IgM is detected in individual with recently acquired infection, but it can persist upto 18 months post infection .Detectable IgG
level denotes that infection has occured but does not differentiate between past and recent infection.
* 4 fold rise of IgG in paired sera tested 3 weeks apart indicates acute infection.

Toxo IgG	Toxo IgM	Toxo IgG Avidity	Remarks
nonreactive	nonreactive	N/A	no infection
nonreactive	reactive	N/A	Obtain new sample 2-3 weeks After initial sample and test for toxo IgG and IgM

Dr. Ashish Bajaj
MBBS, MD-Microbiology
Consultant Microbiologist
DMC RG No.46801

This sample is processed by **ONCQUEST GURUGRAM**.
Verify this report by scanning th e QR code on top. In case of any discrepancy please report to 01246650000

Name	: Ms.KAMINI KUMARI 389903	Centre Details	:PRIMUS HEALTHCARE PVT LTD.
Age	: 33 Yrs Sex: Female	SRFID/NIKSHAY ID	: /
Ref. No.	:	Accession.ID	: OQG2212030514
Registration Date	: 03/Dec/2022	Referred By	: SELF
Collection Date	: 03/Dec/2022 11:10AM	Report Date	: 04/Dec/2022 11:11AM
Received Date	: 03/Dec/2022 08:20PM	TRF No.	: 1383845A

DEPARTMENT OF SEROLOGY

Test Name	Result	Unit	Bio. Ref. Range

			Both positive-Acute infection; IgG-ve ; IgM +ve---False positive
reactive	nonreactive	high avidity	past infection strong indication that an infection took place more than 4 months ago
reactive	reactive	low avidity	obtain new sample 3 weeks after initial sample and test for Toxo IgG and IgM
reactive	reactive	high avidity	past infection. Strong indication that an infection took place more than 4 months ago.

Note:

1. Non-Reactive result does not always exclude the possibility of Toxoplasma gondii infection. Patients with negative results in suspected early disease cases should be retested after 3 weeks.
2. Reactive result indicates past or acute infection with Toxoplasma gondii.
3. Equivocal results may contain low levels of IgG. In such cases it is recommended to test for IgM antibody and / or a second sample to be tested for IgG antibody after 2 weeks
4. Toxoplasma IgG antibodies do not distinguish between recent and past infection. IgM antibodies are detected in cases of recent infection but may persist up to 18 months post infection. To differentiate between recent and past infection, IgG avidity test is recommended. High avidity index is a strong indicator that infection occurred more than 4 months back.

* Please note test values may vary depending on the assay method used.

Dr. Ashish Bajaj
MBBS, MD-Microbiology
Consultant Microbiologist
DMC RG No.46801

MC-5076

oncquest
discover diagnose defend

Name	: Ms.KAMINI KUMARI 389903	Centre Details	:PRIMUS HEALTHCARE PVT LTD.
Age	: 33 Yrs Sex: Female	SRFID/NIKSHAY ID	: /
Ref. No.	:	Accession.ID	: OQG2212030514
Registration Date	: 03/Dec/2022	Referred By	: SELF
Collection Date	: 03/Dec/2022 11:10AM	Report Date	: 04/Dec/2022 11:11AM
Received Date	: 03/Dec/2022 08:20PM	TRF No.	: 1383845A

DEPARTMENT OF SEROLOGY

Test Name	Result	Unit	Bio. Ref. Range
CMV IgM	**1.43**	S/CO	0-0.85

CMV IgM has been rechecked twice

Comments: -

- In pregnant women, new-born and in immuno-compromised individuals CMV infection may pose a significant medical risk.
- Risk of in-utero virus transmission and CMV related damage of the foetus is strongly increased during primary infection.
- Reinfection with exogenous virus or reactivation of latent virus may lead to presence of raised IgM in absence of primary

CMV IgG	CMV IgM	CMV IgG AVIDITY	Interpretation
Non-Reactive	Non-Reactive	N/A	No-infection
Reactive	Non-Reactive	High Avidity	Past infection, low risk for in utero transmission
Reactive	Reactive	Low avidity	primary infection, high risk for in utero transmission
Reactive	Reactive	High Avidity	Non-primary infection, low risk for in utero transmission

- A substantial rise in IgG in a paired sample with presence of IgM could also indicate active infection.
- CMV antibodies can cross react with HSV, VZV and EBV.
- Results should be used in conjunction with other data e.g. results of other tests (CMV IgG, CMV IgG avidity), clinical impressions etc

Note:
1. Non-reactive results do not always exclude the possibility of infection. Patients with Non-reactive results in suspected early disease cases should be retested after 3 weeks.
2. Equivocal results should be retested after 2 weeks
3.Reactive results indicate primary infection, reinfection or reactivation of latent virus.
4. It is recommended to confirm the clinical relevance of reactive results by CMV IgG avidity testing

Please note test values may vary depending on the assay method used.

Dr. Ashish Bajaj
MBBS, MD-Microbiology
Consultant Microbiologist
DMC RG No.46801

MC-5076

oncquest
discover diagnose defend

Name	: Ms.KAMINI KUMARI 389903	Centre Details	:PRIMUS HEALTHCARE PVT LTD.
Age	: 33 Yrs Sex: Female	SRFID/NIKSHAY ID	: /
Ref. No.	:	Accession.ID	: OQG2212030514
Registration Date	: 03/Dec/2022	Referred By	: SELF
Collection Date	: 03/Dec/2022 11:10AM	Report Date	: 04/Dec/2022 11:11AM
Received Date	: 03/Dec/2022 08:20PM	TRF No.	: 1383845A

DEPARTMENT OF SEROLOGY

Test Name	Result	Unit	Bio. Ref. Range
CMV IgG	> 250.0	AU/mL	0-5.99

Comments; -

- In pregnant women, new-born and in immuno-compromised individuals CMV infection may pose a significant medical risk.
- Risk of in-utero virus transmission and CMV related damage of the foetus is strongly increased during primary infection.
- Reinfection with exogenous virus or reactivation of latent virus may lead to presence of raised IgM in absence of primary infection.

CMV IgG	CMV IgM	CMV IgG AVIDITY	INTERPRETATION
Non-Reactive	Non-Reactive	N/A	No infection
Reactive	Non-Reactive	High Avidity	Past infection, low risk For in utero transmission
Reactive	Reactive	Low avidity	Primary infection, high risk for in utero transmission
Reactive	Reactive	High Avidity	Non-primary infection, low risk for in utero transmission

- A substantial rise in IgG in a paired sample with presence of IgM could also indicate active infection.
- CMV antibodies can cross react with HSV, VZV and EBV.
- Results should be used in conjunction with other data e.g. results of other tests (CMV IgG, CMV IgG avidity),clinical impressions etc

Note:

1. Non-reactive results do not always exclude the possibility of infection. Patients with Non-reactive results in suspected early disease cases should be retested after 3 weeks.
2. Equivocal results should be retested after 2 weeks
3. Reactive results indicate primary infection, reinfection or reactivation of latent virus.
4. It is recommended to confirm the clinical relevance of reactive results by CMV IgG avidity testing

Please note test values may vary depending on the assay method used.

Comments;-

* In pregnant women, new-born and in immuno-compromised individuals CMV infection may pose a significant medical risk.
* Risk of in-utero virus transmission and CMV related damage of the foetus is strongly increased during primary infection.
* Reinfection with exogenous virus or reactivation of latent virus may lead to presence of raised IgM in absence of primary infection.

Dr. Ashish Bajaj
MBBS, MD-Microbiology
Consultant Microbiologist
DMC RG No.46801

This sample is processed by **ONCQUEST GURUGRAM**.
Verify this report by scanning th e QR code on top. In case of any discrepancy please report to 01246650000

Name	: Ms.KAMINI KUMARI 389903	Centre Details	:PRIMUS HEALTHCARE PVT LTD.
Age	: 33 Yrs Sex: Female	SRFID/NIKSHAY ID	: /
Ref. No.	:	Accession.ID	: OQG2212030514
Registration Date	: 03/Dec/2022	Referred By	: SELF
Collection Date	: 03/Dec/2022 11:10AM	Report Date	: 04/Dec/2022 11:11AM
Received Date	: 03/Dec/2022 08:20PM	TRF No.	: 1383845A

DEPARTMENT OF SEROLOGY

Test Name	Result	Unit	Bio. Ref. Range

CMV IgG CMV IgM CMV IgG AVIDITY INTERPRETATION
Non-Reactive Non-Reactive N/A No infection
Reactive Non-Reactive High Avidity Past infection, low risk
For in utero transmission

Reactive Reactive Low avidity Primary infection, high risk for in utero transmission
Reactive Reactive High Avidity Non-primary infection, low risk for in utero transmission

* A substantial rise in IgG in a paired sample with presence of IgM could also indicate active infection.
* CMV antibodies can cross react with HSV, VZV and EBV.
Results should be used in conjunction with other data e.g.results of other tests (CMV IgG ,CMV IgG avidity),clinical impressions etc

Note:
1. Non-reactive results do not always exclude the possibility of infection. Patients with Non-reactive results in suspected early disease cases should be retested after 3 weeks.
2. Equivocal results should be retested after 2 weeks
3.Reactive results indicate primary infection, reinfection or reactivation of latent virus.
4. It is recommended to confirm the clinical relevance of reactive results by CMV IgG avidity testing

* Please note test values may vary depending on the assay method used.

Rubella (German Measles) IgM	0.13	Index Value	Non Reactive <1.20

Comments:

- Primary prenatal Rubella infections may severely damage the foetus if occurring during first 4 months of gestation.
- Both naturally acquired and vaccine induced immunity to Rubella virus associated with antibody persistence have been shown to provide protection from clinical Rubella upon re-infection.
- A primary infection is associated with pronounced increase in IgM antibodies.
- In suspected primary infection, the optimum time for specimen collection is 1-2 wks after onset of rash.
- In acute primary infection during pregnancy, IgM may be detected 4-15 day after rash appears. The IgM levels begin to decline after 36 -70 days and may last upto 180 days in some case.
- Following re-infection (harmless to foetus) IgM antibodies may appear but the level is too low to be detected. However, IgG risessignificantly.
- Presence of at least 10 IU of IgG antibodies is indicative of past infection to Rubella.
- 4 fold increase in IgG in sera tested 3 weeks apart is indicative of a recent infection.

Note:
1. Equivocal results should be retested after 2 weeks and accompanied by a test for Rubella IgG.
2. Reactive IgM antibody may indicate current infection, re-infection or recent vaccination. **To differentiate between current and re-infection, IgG**

Dr. Ashish Bajaj
MBBS, MD-Microbiology
Consultant Microbiologist
DMC RG No.46801

This sample is processed by **ONCQUEST GURUGRAM**.
Verify this report by scanning th e QR code on top. In case of any discrepancy please report to 01246650000

Name	: Ms.KAMINI KUMARI 389903	Centre Details	:PRIMUS HEALTHCARE PVT LTD.
Age	: 33 Yrs Sex: Female	SRFID/NIKSHAY ID	: /
Ref. No.	:	Accession.ID	: OQG2212030514
Registration Date	: 03/Dec/2022	Referred By	: SELF
Collection Date	: 03/Dec/2022 11:10AM	Report Date	: 04/Dec/2022 11:11AM
Received Date	: 03/Dec/2022 08:20PM	TRF No.	: 1383845A

DEPARTMENT OF SEROLOGY

Test Name	Result	Unit	Bio. Ref. Range

avidity test is recommended. High avidity index is suggestive of re-infection.

3. All results should be interpreted by the physician with other clinical findings and diagnostic information

4.False positive serum Rubella IgM may occur due to the presence of rheumatoid factors or cross reacting IgM, Infectious mononucleosis or Infection with other viruses [e.g. parvovirus]. Avidity testing can be used to resolve uncertainties in the serologic evaluation of suspected cases.

Rubella IgG	Rubella IgM	Rubella IgG Avidity	Remarks
Non-Reactive	Non-Reactive	Not applicable	Infection unlikely
Reactive	Non-Reactive	High avidity	Past infection
Reactive	Reactive	Low avidity	Primary infection
Reactive	Reactive	High avidity	Non-primary infection; Low risk for in-utero transmission

Please note test values may vary depending on the assay method used.

Comments:

* Primary prenatal Rubella infections may severely damage the foetus if occurring during first 4 months of gestation.
* Both naturally acquired and vaccine induced immunity to Rubella virus associated with antibody persistence have been shown to provide protection from clinical Rubella upon re-infection.
* A primary infection is associated with pronounced increase in IgM antibodies.
* In suspected primary infection, the optimum time for specimen collection is 1-2 wks after onset of rash.
* In acute primary infection during pregnancy, IgM may be detected 4-15 day after rash appears. The IgM levels begin to decline after 36 -70 days and may last upto 180 days in some case.
* Following re-infection (harmless to foetus) IgM antibodies may appear but the level is too low to be detected. However, IgG rises significantly.
* Presence of at least 10 IU of IgG antibodies is indicative of past infection to Rubella.
* 4 fold increase in IgG in sera tested 3 weeks apart is indicative of a recent infection.

Rubella (German Measles) IgG	**130.00**	IU/mL	0-4.9

Comments: -

- Primary prenatal Rubella infections may severely damage the foetus if occurring during first 4 months of gestation.

Dr. Ashish Bajaj
MBBS, MD-Microbiology
Consultant Microbiologist
DMC RG No.46801

This sample is processed by **ONCQUEST GURUGRAM**.
Verify this report by scanning th e QR code on top. In case of any discrepancy please report to 01246650000

MC-5076

oncquest
discover diagnose defend

Name	: Ms.KAMINI KUMARI 389903	Centre Details	:PRIMUS HEALTHCARE PVT LTD.
Age	: 33 Yrs Sex: Female	SRFID/NIKSHAY ID	: /
Ref. No.	:	Accession.ID	: OQG2212030514
Registration Date	: 03/Dec/2022	Referred By	: SELF
Collection Date	: 03/Dec/2022 11:10AM	Report Date	: 04/Dec/2022 11:11AM
Received Date	: 03/Dec/2022 08:20PM	TRF No.	: 1383845A

DEPARTMENT OF SEROLOGY

Test Name	Result	Unit	Bio. Ref. Range

- Both naturally acquired, and vaccine induced immunity to Rubella virus associated with antibody persistence have been shown to provide protection from clinical Rubella upon re-infection.
- A primary infection is associated with pronounced increase in IgM antibodies.
- In suspected primary infection, the optimum time for specimen collection is 1-2 wks after onset of rash.
- In acute primary infection during pregnancy, IgM may be detected 4-15 day after rash appears. The IgM levels begin to decline after 36 -70 days and may last up to 180 days in some case.
- A positive Rubella IgG antibody indicates successful immunization or past exposure.
- The result of a single antibody determination should not be used to diagnose recent infection Acute and convalescent sera should be collected 2-4 weeks apart and a rising titre of more than 30% is considered significant.

Note:

1. All results should be interpreted by the physician with other clinical findings and diagnostic information.
2. Anomalous results may occur due to the presence of heterophilic antibodies in human serum or in patients who have received mouse monoclonal antibodies for diagnosis or therapy.

Rubella IgG	Rubella IgM	Rubella IgG Avidity	Remarks
Non-Reactive	Non-Reactive	Not applicable	Infection unlikely
Reactive	Non-Reactive	High avidity	Past infection
Reactive	Reactive	Low avidity	Primary infection
Reactive	Reactive	High avidity	Non-primary infection; Low risk for in-utero transmission

Please note test values may vary depending on the assay method used.

An equivocal result may indicate a low level of IgG antibodies to rubella virus in the sample and should be interpreted with care. A result of less than 10 IU/mL may be obtained from the patients with a recent infection or vaccination. Therefore, subsequent samples should be collected and tested with two- to three-week delay in order to established wether the antibody levels are falling or rising. serological data from detection of additional rubella virus markers or from alternate methods may provide useful information for clinical interpretation of results.

Dr. Ashish Bajaj
MBBS, MD-Microbiology
Consultant Microbiologist
DMC RG No.46801

This sample is processed by **ONCQUEST GURUGRAM**.
Verify this report by scanning th e QR code on top. In case of any discrepancy please report to 01246650000

MC-5076

oncquest
discover diagnose defend

Name	: Ms.KAMINI KUMARI 389903	Centre Details	:PRIMUS HEALTHCARE PVT LTD.
Age	: 33 Yrs Sex: Female	SRFID/NIKSHAY ID	: /
Ref. No.	:	Accession.ID	: OQG2212030514
Registration Date	: 03/Dec/2022	Referred By	: SELF
Collection Date	: 03/Dec/2022 11:10AM	Report Date	: 05/Dec/2022 05:28PM
Received Date	: 03/Dec/2022 08:20PM	TRF No.	: 1383845A

DEPARTMENT OF SEROLOGY

Test Name	Result	Unit	Bio. Ref. Range
HSV 1 IgM *ELISA (Enzyme Linked Immuno sorbent Assay)*	0.25	Ratio	<0.8 Negative 0.8-1.2 Equivocal >1.2 Positive

Herpes simplex virus belongs to Herpesviridae family having two types: type-1(HSV-1) and type-2 (HSV-2) which have slight antigenic variations. HSV -1 causes chiefly orofacial lesions while HSV-2 mainly causes genital lesions though this distinction is not binding . HSV may also cause lesions of Central Nervous system. HSV-1 IgM antibodies indicate recent infection and indicates a possibility of a primary or a reactivated lesion. The prevalence of HSV IgM antibodies can vary depending upon a number of factors such as age, gender, geographical location, socio-economic status, testing methods, specimen collection and clinical history of individual patients. Also, false positivity may occur with Epstein Barr virus, Varicella zoster virus and in presence of Rheumatoid factor. Most definitive diagnosis of HSV infection lies with DNA-PCR.

HSV 1 IgG *ELISA*	**7.02**	Ratio	<0.8 Negative 0.8-1.2 Borderline >1.2 Positive

Significance to be correlated clinically.

Herpes simplex virus belongs to Herpesviridae family having two types: type-1(HSV-1) and type-2 (HSV-2) which have slight antigenic variations. HSV-1 causes chiefly orofacial lesions while HSV-2 mainly causes genital lesions though this distinction is not binding . HSV may also cause lesions of Central Nervous system. HSV-1IgG antibodies indicate exposure and a rise in titre points towards a current or a past HSV-1 infection. Measurable rise in titre is noticed generally after two weeks of infection. IgG antibodies generally persist for life. Serological assays can detect infection even in absence of lesions.

HSV 2 IgM *ELISA*	0.24	Ratio	Negative:<0.8 Equivocal:0.8-1.2 Positive:>1.2

Herpes simplex virus belongs to Herpesviridae family having two types: type-1 (HSV-1) and type-2 (HSV-2) which have slight antigenic variations. HSV -1 causes chiefly orofacial lesions while HSV-2 mainly causes genital lesions though this distinction is not binding. HSV may also cause lesions of Central Nervous system. HSV- 2IgM titre generally rises after 7-10 days of infection. It indicates virus is active and patient is infectious. It reflects either a primary episode of infection or a reactivation.

Dr. Ashish Bajaj
MBBS, MD-Microbiology
Consultant Microbiologist
DMC RG No.46801

This sample is processed by **ONCQUEST GURUGRAM**.
Verify this report by scanning th e QR code on top. In case of any discrepancy please report to 01246650000

MC-5076

oncquest
discover diagnose defend

Name	: Ms.KAMINI KUMARI 389903	Centre Details	:PRIMUS HEALTHCARE PVT LTD.
Age	: 33 Yrs Sex: Female	SRFID/NIKSHAY ID	: /
Ref. No.	:	Accession.ID	: OQG2212030514
Registration Date	: 03/Dec/2022	Referred By	: SELF
Collection Date	: 03/Dec/2022 11:10AM	Report Date	: 05/Dec/2022 05:28PM
Received Date	: 03/Dec/2022 08:20PM	TRF No.	: 1383845A

DEPARTMENT OF SEROLOGY

Test Name	Result	Unit	Bio. Ref. Range
HSV 2 IgG *ELISA*	0.12	Ratio	<0.8 Negative 0.8-1.2 Equivocal >1.2 Positive

Herpes simplex virus belongs to Herpesviridae family having two types: type-1(HSV-1) and type-2 (HSV-2) which have slight antigenic variations. HSV-1 causes chiefly orofacial lesions while HSV-2 mainly causes genital lesions though this distinction is not binding. HSV may also cause lesions of Central Nervous system. HSV-2 IgG antibodies rise 4-12 weeks after exposure. It may indicate a current or a past infection. The antibodies persist for a long time even for life.

***** End Of Report *****

Dr. Ashish Bajaj
MBBS, MD-Microbiology
Consultant Microbiologist
DMC RG No.46801

This sample is processed by **ONCQUEST GURUGRAM**.
Verify this report by scanning th e QR code on top. In case of any discrepancy please report to 01246650000