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## Final Report

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|---|---|---|---|
| **Patient Name** | MR. KIRAN BHAGWAN TAWARE | **UHID** | MGM240017131 |
| **Age / Gender** | 56 Yrs 2 Mth / MALE | **Patient Case Type** | IPD |
| **Ref. Consultant** | DR.PRASHANT ATHALE | **Collection Date & Time** | 18-10-2024 12:12 |
| **Sample ID** | MGM24156349,MGM24156349 | **Result Entry Date & Time** | 18-10-2024 17:57 |
| **Ward/Bed No** | SICU / SICU-011 | **Reporting Date & Time** | 18-10-2024 18:27:42 |
| **IP No.** | MGMIP2406720 | **Receipt Number** | MGMWPR240093912 |
| | | *MGM240017131* | |

### SEROLOGY REPORT

| Test | Result | Unit | Biological Reference Interval |
|---|---|---|---|
| Sample Type: Serum | | | |
| DENGUE IGM. [ ELISA ] | Negative (5.1) | | |

**Method:** Enzyme immunoassay based on MAC Capture ELISA

**Interpretation:**

1. J Mitra MAC Capture ELISA test for the detection of Dengue IgM antibody. Primary dengue virus infection is characterized by elevations in specific IgM antibodies 3-5 days after the onset of symptoms. The kit detects all four serotypes; DEN1, DEN2, DEN3, DEN4.
2. This is only a screening test and will only indicate the presence or absence of Dengue antibodies in the specimen. All reactive samples should be confirmed by molecular tests.
3. Normal range
   a. Dengue IgM units < 9: Negative
   b. Dengue IgM Ag units between 9-11: Equivocal
   c. Dengue IgM Ag units >11: Positive
4. False positive results can be obtained due to cross reactions with Epstein Barr virus, RA, Leptospira, Malaria, Hepatitis A, Influenza A & B, Salmonella typhi, Japanese encephalitis, West Nile virus disease. Seen in less than 1% of the sample tested.
5. Immuno-depressive treatments presumbably after the immune response to infection, inducing negative results in IgM in Dengue patients.

**Limitation of the test:**

1) The test should be used for detection of IgM antibodies of Dengue in human serum / plasma.
2) **This is only a screening test** and will only indicate the presence or absence of Dengue antibodies in the specimen. All reactive samples should be confirmed by confirmatory test. Therefore for a definitive diagnosis, the patients clinical history, symptomatology as well as serological data should be considered. The results should be repor ted only after complying with the above procedure.
3) False positive results can be obtained due to cross reaction with Epstein-BARR virus, RA,Leptospira,Malaria, Hepatitis-A, Influenza A & B, S. typhi Japanese encephalites, west nile virus disease. This occurs in less then 1% of the sample tested.
4) Immuno-depressive treatments presumably after the immune response to infection, inducing negative results in IgM in Dengue patients.

**References:**

1. Pinheiro FP, Corber SJ: Global situation of dengue and dengue haemorrhagic fever and its emergence in the Americas. World Health Stat ! 50(3/4):161-169, 1997.
2. Gubler DJ, Trent DW: Emergence of epidemic dengue/dengue hemorrhagic fever as a public health problem in the Americas. Infect Agents Dis 2:383-393, 1993.
3. Wu SJ Hanson B,Paxton H,Nisalak A, Vaugha DW, Rossi C, Henchal EA, Porter KR,Watts DM,Hayes CG.Evaluation of a dipstickelisa for detection of antibodies to dengue virus.Clin Diagn Lab Immunol 1997; 4(4):452-7.

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| Dengue NS1 antigen. [ ELISA ] | Negative(4.0) | | |