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Final Report

Patient Name	MRS. LALITA RAVINDRA LOKHANDE	**UHID**	MGM16035596
Age / Gender	68 Yrs 2 Mth / FEMALE	**Patient Case Type**	IPD
Ref. Consultant	DR.K. RAJMOHAN	**Collection Date & Time**	03-10-2024 13:15
Sample ID	MGM24147521,MGM24147521	**Result Entry Date & Time**	04-10-2024 17:49
Ward/Bed No	Single A/C Unit- 8th Floor / 806	**Reporting Date & Time**	04-10-2024 18:47:36
IP No.	MGMIP2406662	**Receipt Number**	MGMWPR240088350
		MGM16035596	

SEROLOGY REPORT

Test	Result	Unit	Biological Reference Interval

Method: solid phase enzyme linked immunosorbent assay

(ELISA) based on the "Direct Sandwich" principle

Interpretation:-

1. J Mitra Microwell ELISA test for the detection of Dengue NS1 Antigen. Primary dengue virus infection is characterized by elevations in specific NS1 antigen levels at 0 – 9 days. The kit detects all four serotypes; DEN1, DEN2, DEN3, DEN4.

2. This is only a screening test. All reactive samples should be confirmed by molecular tests.

3.Normal Range

a. Dengue NS1 Ag units <9: Negative
b. Dengue NS1 Ag units between 9-11: Equivocal
c. Dengue NS1 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.

Limitation:

1. The test should be used for detection of NS1 Ag in serum or plasma only and not in other body fluids.
2. **This is only a screening test** and will only indicate the presence or absence of Dengue NS1 antigen 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 reported only after complying with the above procedure.
3. False positive results can be obtained due to cross reaction with Murray Valley and encephalitis, Japanese encephalitis, yellow fever and West Nile viruses. This occurs in less then 1% of the sample tested.

References:

1. 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.
2. Enzyme-linked immunoassay for dengue virus NS1 antigen in serum and filter paper blood. Tran TN, de Vries PJ, Hoang LP, Phan GT Le HQ, Tran BQ, Vo CM, Nguyen NV, Kager PA, Nagelkerke N, Groen J. BMC infect Dis. 2005 Jan 25; 6:13.
3. Librarty, D. H., Young, P.R., Pickering D., Endy, T. P., Kalayanarooj, S., Green, S, Vaugh, D. W., Nisalak, A., Ennis, F. A. and Rothman, A. L. (2002). High circulating levels of the dengue virus non-structural protein NS1 early in dengue illness correlate with the development of dengue haemorrhagic fever. *J. Infect. Dis.* 186:1165-1165

End of the Report

MC-6595

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