MGM
NEW BOMBAY HOSPITAL VASHI
Pathology Laboratory
Plot 35, Sector 3, Vashi, Navi Mumbai 400 703

EMERGENCY
14466

Tel: (022) 50666777/888
Path Tel: (022) 50666743
Toll free: 18002665456

vashimgm@gmail.com
online@mgmhospitalvashi.net
www.mgmhospitalvashi.net

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
Sample Type: Serum			
DENGUE IGM. [ELISA]	Negative(1.62)		

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.

Dengue NS1 antigen. [ELISA]	Negative(0.55)		