





Patient Name	Centre
Age/Gender	OP/IP No/UHID
MaxID/Lab ID	Collection Date/Time
Ref Doctor	Reporting Date/Time

	Hematology Specia	Hematology Special		SIN No:B2B2671209	
Test Name	Result	Unit			
DRVVT-Lupus Anticoagulant *, Plasma Clectromechanical Clot Detection	Citrate				
dRVVT Screen	28.00	Sec	26.7 - 46.8		

 dRVVT Screen
 28.00
 Sec
 26.7 - 46.8

 dRVVT Screen ratio
 0.76

 dRVVT Confirm
 29.10
 Sec
 26.6 - 32.1

 dRVVT Confirm ratio
 0.99

 dRVVT Screen: Confirm ratio
 0.77
 0.0 - 1.20

 Interpretation
 No Lyons Like

Interpretation No Lupus Like
Anticoagulant Present

Kindly correlate with clinical findings

*** End Of Report ***

Dr. Poonam. S. Das, M.D.

Principal Director-Max Lab & Blood Bank Services **Dr. Dilip Kumar M.D.** Associate Director & Manager Quality **Dr. Nitin Dayal, M.D.** Principal Consultant & Head, Haematopathology

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Test Performed at :910 - Max Hospital - Saket M S S H, Press Enclave Road, Mandir Marg, Saket, New Delhi, Delhi 110017

Booking Centre :3865 - Neelkanth Hospital Private Limited, Plot No.1Nathupur Road DLF Phase 3 Gurgaon, 9310707812

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	Serology Special	Serology Special Result Unit Bio Ref Int		SIN No: B2B2671209		
Test Name	Result			ef Interval		
Anti Cardiolipin Ab Panel (IgG,IgA	A,lgM),Serum*					
Anti Cardiolipin IgA	6.2	А	PL-U/mL	< 14		
Anti Cardiolipin IgG	1.6	G	PL-U/mL	< 10.0		

MPL-U/mL

< 10.0

4.3

Result	Anti Cardiolipin IgG	Anti Cardiolipin IgM	Anti Cardiolipin IgA
Negattive	< 10 GPL-U/ML	< 10 MPL-U/ML	< 14.0 APL-U/ML
Equivocal	10 - 40 GPL-U/ML	10 - 40 MPL-U/ML	14 - 20 APL-U/ML
Docitive	> 40 GPL 11/MI	> 40 MPL 11/MI	> 20 0 A DI 11/MI

Interpretation:

Anti Cardiolipin IgM

Cardiolipin antibodies is detected in actuimmune disorders particularly systemic lupus erythematosus (SLE), vascular thrombosis, thrombocytopenia etc. Elevations of cardiolipin antibody is assosiated with increased risk in idiopathic thrombocytopenia purpura, rhemotoid, psoriatic, arthritis primary sjogrem's syndrome.

Kindly correlate with clinical findings

*** End Of Report ***

Dr. Poonam. S. Das, M.D Principal Director Max Lab & Blood Bank Services

Dr. Bansidhar Tarai, M.D Associate Director Microbiology & Molecular Diagnostics

Dr. Sonu Kumari Agrawal, MD Associate Consultant Microbiology

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	Serology		SIN No:B2B2671209	
Test Name	Result	Unit	Bio Ref Interval	
TORCH (IgG, IgM),Serum*				
Tava InO	> 050 0	11.1/-	1	

Toxo IgG ECLIA	>650.0	IU/mL
Rubella IgG ECLIA	>500.0	IU/mL
CMV IgG ECLIA	364.7	U/mL
HSV IgG (1+2) CLIA	>30.0	Index
Toxo IgM ECLIA	0.281	COI
Rubella IgM ECLIA	0.368	COI
CMV IgM ECLIA	0.166	COI
HSV IgM (1+2) CLIA	1.46	Index

Ref Range (Toxo IgG)

Non Reactive < 1.0

Equivocal >= 1.0 - < 3.0

Reactive > 3.0

Interpretation:

Positive IgG antibodies indicate a past infection with Toxoplasma gondii.

Ref Range (Rubella IgG)

Non Reactive < 10.0 Reactive >= 10.0

Interpretation:

Positive IgG antibodies indicate an exposure to virus, either after infection or vaccination.

Ref Range (CMV IgG)

Non Reactive < 0.50Equivocal 0.50 - < 1.0Positive >= 1.0

Interpretation:

Positive CMV IgG levels indicate past infection.

Ref Range (HSV IgG)

 $\begin{tabular}{ll} Non Reactive &< 0.90 \\ Equivocal & 0.90 - 1.10 \\ Reactive &> 1.10 \end{tabular}$

Interpretation:

Positive HSV IgG levels indicate past infection.

Ref Range(Toxo IgM)

Non Reactive < 0.80 Equivocal >= 0.80 - < 1.0

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Serology SIN No. B282671209

Test Name Result Unit Bio Ref Interval

Reactive > 1.0

Interpretation:

Positive IgM antibodies help in the diagnosis of congenital / Acute Acquired toxoplasmosis.

Ref. Range (Rubella IgM)

Negative < 0.80 Equivocal >=0.80 - 1.0 Positive >= 1.0

Interpretation:

Positive IgM antibodies to Rubella virus is seen in recent infection.

Ref Range (CMV IgM)

 $\begin{tabular}{lll} Negative & <0.70 \\ Equivocal & >=0.70 - <1.0 \\ Positive & >1.0 \end{tabular}$

Interpretation:

Positive CMV IgM antibodies is seen in recent infection.

Ref Range (HSV IgM)

Non Reactive < 0.90 Equivocal 0.90 - 1.10 Reactive > 1.10 Interpretation:

HSV IgM antibody is seen after primary HSV infection.

- 1. Non reactive results do not always exclude the possibility of infection. Patients with negative results in suspected early disease cases should be retested after 3 weeks
- 2. Equivocal results may contain low levels of antibodies. In such cases it is recommended to retest after 2 weeks
- 3. Reactive resultsIgG indicate past or acute infection. IgG avidity testing is recommended to differentiate between recent and past infection
- 4. ReactiveIgM Rubella&IgM CMV result indicates primary infection / reinfection / reactivation of latent virus respectively.
- 5. Reactive IgMToxoplasma result indicates recent / past infection as the IgM antibodies can persistupto 18 months post infection.
- 6. Reactive HSV IgM results are seen with primary HSV infection.
- 7. A definitive clinical diagnosis should not be made by result of a single test only, but should be made by taking clinical history and other laboratory findings in to account

Kindly correlate with clinical findings

*** End Of Report ***

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Patient Name Age/Gender MaxID/Lab ID Ref Doctor

Test Name

Centre OP/IP No/UHID Collection Date/Time Reporting Date/Time

Serology

Result Unit **Bio Ref Interval**

Dr. Poonam. S. Das, M.D. Principal Director

Associate Director Max Lab & Blood Bank Services Microbiology & Molecular Diagnostics

Dr. Sonu Kumari Agrawal, MD Associate Consultant Microbiology

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SEROLOGY SPECIAL.

Test Name Result Unit **Bio Ref Interval**

Antiphospholipid Antibody IgG + IgM, Serum

Anti Phospho Lipid Antibody IgG 2.96 AU/mL

Anti Phospho Lipid Antibody IgM 0.21 U/ml

Ref Range

Ref Range:

Negative < 10 Positive >=10

Interpretation:

Phospholipid-Screen-GM is a solid phase enzyme immunoassay for theseparate qualitative and quantitative detection of IgG and/o IgM antibodies againstphospholipids in human serum. The assay is an aid in the diagnosis and risk estimation of thrombosis in patients with systemic lupus erythematosus and antiphospholipid syndrome (APS).

Kindly correlate with clinical findings

*** End Of Report ***

Dr. Poonam. S. Das, M.D. Principal Director Max Lab & Blood Bank Services

Associate Director Microbiology & Molecular Diagnostics Dr. Sonu Kumari Agrawal, MD Associate Consultant Microbiology

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