

_	Laboratory Investig	ation Report	
Patient Name	(	Centre	
Age/Gender	(	OP/IP No/UHID	
MaxID/Lab ID	(	Collection Date/Time	
Ref Doctor	Reporting Date/Time		
	Serology Specia	l	SIN No:MM0428927
Test Name	Result	Unit	Bio Ref Interval
Varicella Zoster / Chicken pox	(IgG+ IgM), Serum		

CLIA			
Varicella zoster, IgG	1007	MIU/mL	
Varicella zoster, IgM	0.299	Index	

## Varicella Zoster IgG

Ref. Range Negative < 150.0 > 150.0 Positive

## Varicella Zoster IgM

Ref. Range

Negative < 1.0 Positive > 1.0

## Interpretation

Positive varicella IgG antibodies indicate exposure to Varicella Zoster Virus and immunity. Positive varicella IgM antibodies indicate acute infection with Varicella Zoster Virus.

## Kindly correlate with clinical findings

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

Dr Nidhi Malik, MD Consultant Microbiology

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



Dr. Sonu Kumari Agrawal, MD Associate Consultant Microbiology

Test Performed at :910 - Max Hospital - Saket M S S H, Press Enclave Road, Mandir Marg, Saket, New Delhi, Delhi 110017 Booking Centre :1104 - Max Smart- M S S S H,, The authenticity of the report can be verified by scanning the Q R Code on top of the page

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Conditions of Reporting: 1. The tests are carried out in the lab with the presumption that the specimen belongs to the patient name as identified in the bill/test request form. 2. The test results relate specifically to the sample received in the lab and are presumed to have been generated and transported per specific instructions given by the physicians/laboratory. 3. The reported results are for the information and interpretation by the referring doctor only. 4. Some tests are referred to other laboratories to provide a wider test menu to the customer. 5. Max Healthcare shall in no event be liable for accidental damages loss, or destruction of specimen which is not attributable to any direct and mala fide act or omission of Max Healthcare or its employees. Liability of Max Healthcare for deficiency of services, or other errors and omissions shall be limited to fee paid by the patient for the relevant laboratory services.

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