

Client
Gurugram
 Pathkind Diagnostics Pvt. Ltd.
 Plot No. 55-56, Udhog Vihar Ph-IV, Gurugram - 122015

Processed By
Pathkind Diagnostics Pvt. Ltd.
 Plot No. 55-56, Udhog Vihar Ph-IV, Gurugram - 122015

Name :	Mrs. SE212	Billing Date :	07/07/2023 12:36:17
Age :	30 Yrs	Sample Collected on :	10/07/2023 10:01:31
Sex :	Female	Sample Received on :	10/07/2023 11:02:13
P. ID No. :	P1000100013107	Report Released on :	17/07/2023 17:18:52
Accession No :	10002305163	Barcode No. :	10002305163-01
Referring Doctor :	Self		
Referred By :		Ref no. :	

Report Status - Final

Test Name	Result	Biological Ref. Interval	Unit
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SEROLOGY

Torch IgM Antibodies

Toxoplasma IgM Antibodies <i>Sample: Serum</i> <i>Method: ECLIA</i>	5.00	Negative : < 6 Equivocal : 6 - 8 Positive : > 8	AU/mL
Rubella IgM Antibodies <i>Sample: Serum</i> <i>Method: ECLIA</i>	13.00	Negative : < 20 Equivocal : 20 - 25 Positive : > 25	AU/mL
Cytomegalovirus (CMV) IgM Antibodies <i>Sample: Serum</i> <i>Method: ECLIA</i>	15.00	Negative : < 18 Equivocal : 18 - 22 Positive : > 22	U/mL
Herpes Simplex Virus (HSV) 1 & 2 IgM Antibodies (Combined) <i>Sample: Serum</i> <i>Method: ECLIA</i>	3.2 H	Negative : < 0.9 Equivocal : 0.9 - 1.1 Positive : > 1.1	Index

Toxoplasma IgM Antibodies

Interpretation

Negative	Presumed not to have had active Toxoplasmosis infection.
Equivocal	May be due to low levels of IgM antibodies. These results should be retested with a second sample after 2 3 weeks, if clinically indicated.
Positive	Indicates active Toxoplasmosis.

Clinical Significance:

- Nonreactive results do not preclude recent primary Toxoplasma gondii infection. A suspected diagnosis of acute toxoplasmosis should be confirmed by detection of Toxoplasma gondii nucleic acid in cerebrospinal fluid or amniotic fluid by PCR.

Rubella IgM Antibodies

Interpretation:



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Negative - Presumed not currently infected with Rubella.

Equivocal - Low levels of IgM antibodies. It is recommended to re-test after 2-4 weeks on a fresh sample.

Positive - Indicates current infection or reactivation.

Clinical Significance:

- A suspected diagnosis of Rubella should be used in conjunction with other clinical data like symptoms, clinical impressions, etc.
- If the rubella IgM results are inconsistent with clinical evidence, additional testing is suggested to confirm the result by PCR.

Cytomegalovirus (CMV) IgM Antibodies

Interpretation

Negative -Presumed not currently infected with CMV.,

Equivocal-Indicates low levels of IgM antibodies during the acute stage of infection/nonspecific, binding reactions. Repeat the test with a second sample after 2 weeks, if clinically indicated.,

Positive- Indicates a recent infection (primary, reactivation, or reinfection),.

Clinical Significance:

- A suspected diagnosis of CMV infection should be used in conjunction with other data; e.g., symptoms, results of other tests, clinical, impressions, etc.
- High concentrations of IgM rheumatoid factor in combination with CMV specific IgG can lead to false reactive results with CMV, IgM, potential cross-reactivity may occur with specimens positive for antibodies to EBV and parvovirus B19.

Herpes Simplex Virus (HSV) 1 & 2 IgM

Interpretation



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Negative : Presumed not currently infected/antibodies have not yet reached detectable levels.
Equivocal : May be due to low levels of IgM antibodies during the early stage of infection or nonspecific binding reactions. Repeat the test with a second sample after 2 3 weeks, if clinically indicated.
Positive: Indicates a recent infection (primary, reactivation, or re infection).

Clinical Significance:

- This test should not be used as the sole criterion for the diagnosis of current herpes simplex infection.

Torch IgM Antibodies

Interpretation

- This assay is used for quantitative detection of specific IgM antibodies to TORCH in serum samples.
- Positive result for TORCH IgM indicates possible acute infection with TORCH. False positive reaction due to rheumatoid factor and persistence of positive IgM (except Herpes Simplex virus) for upto 2 years is not uncommon.
- An equivocal result requires repeat testing in 10-14 days.
- Negative result indicates no serological evidence of infection with TORCH. False negative can be due to immunosuppression or due to low/undetectable level of IgM antibodies. A suspected diagnosis of acute TORCH infection should be confirmed by PCR analysis or repeat test after 10-14 days.
- The diagnosis should not be established on the basis of single test and the results should be interpreted in conjunction with clinical findings
- The magnitude of the measured result is not indicative of the amount of antibody present

** End of Report**



Dr. Saloni Garg

MD
Consultant Microbiology

