Patient Name	Patient ID	Age	Gender	Order #
SOFTVALIDATION,FEABC	SA00048498	38	M	SA00048498
Ordering Phys				**DOB** 05/16/1974
Client Order # SA00048498	**Account Information**			**Report Notes**
Collected 08/15/2012 07:53	C7028846-DLMP ROCHESTER 3050 SUPERIOR DRIVE ROCHESTER,MN 55901			
Printed 08/15/2012 14:40				

Test	Flag	Results	Unit	Reference Value	Perform Site*
Encephalitis Antibody Panel (CSF)			REPORTED 08/15/2012 11:13		
LCM Virus Ab, IFA CSF					
LCM IgG		<1:1			Y038
LCM IgM		<1:1			Y038
Interpretation					Y038

ANTIBODY NOT DETECTED
REFERENCE RANGE: IgG <1:1
IgM <1:1

INTERPRETIVE CRITERIA:
<1:1 Antibody Not Detected
> or = 1:1 Antibody Detected

Diagnosis of infections of the central nervous system can be accomplished by demonstrating the presence of intrathecally-produced specific antibody. However, interpreting results is complicated by low antibody levels found in CSF, passive transfer of antibody from blood, and contamination via bloody taps.

This assay was developed and its performance characteristics determined by Focus Diagnostics. It has not been cleared or approved by the U.S. Food and Drug Administration. The FDA has determined that such clearance or approval is not necessary. Performance characteristics refer to the analytical performance of the test.

Measles (Rubeola) G/M Ab, IFA CSF					
Measles (Rubeola) IgG, IFA		<1:64			Y038
Measles (Rubeola) IgM, IFA		<1:1			Y038
Interpretation					Y038

ANTIBODY NOT DETECTED
REFERENCE RANGE: IgG <1:64
IgM <1:1

Diagnosis of central nervous system infections can

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Test	Flag	Results	Unit	Reference Value	Perform Site*
be accomplished by demonstrating the presence of intrathecally-produced specific antibody. Interpreting results may be complicated by low antibody levels found in CSF, passive transfer of antibody from blood, and contamination via bloody taps. The interpretation of CSF results must consider CSF-serum antibody ratios to the infectious agent.					
This assay was developed and its performance characteristics have been determined by Focus Diagnostics. It has not been cleared or approved by the U.S. Food and Drug Administration. The FDA has determined that such clearance or approval is not necessary. Performance characteristics refer to the analytical performance of the test.					
Mumps Antibody Panel, IFA (CSF)					
Mumps Ab IgG, IFA		<1:8			Y038
Mumps Ab IgM, IFA		<1:1			Y038
Interpretation		See Below			Y038
Result: ANTIBODY NOT DETECTED REFERENCE RANGE: IgG <1:8 IgM <1:1					
Diagnosis of infections of the central nervous system can be accomplished by demonstrating the presence of intrathecally-produced specific antibody. Interpretation of results may be complicated by low antibody levels found in CSF, passive transfer of antibody from blood, and contamination via bloody taps. The interpretation of CSF results must consider CSF-serum antibody ratios to the infectious agent.					
This assay was developed and its performance characteristics have been determined by Focus Diagnostics. It has not been cleared or approved by the U.S. Food and Drug Administration. The FDA has determined that such clearance or approval is not necessary. Performance characteristics refer					

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Test	Flag	Results	Unit	Reference Value	Perform Site*
to the analytical performance of the test.					
Varicella-Zoster, Total/IgM Ab, CSF					
VZV Total Ab (ACIF)		<1:2			Y038
VZV IgM (IFA)		<1:1			Y038
Interpretation					Y038

ANTIBODY NOT DETECTED
REFERENCE RANGES: VZV Total AB <1:2
VZV IgM <1:1

Diagnosis of central nervous system infections can be accomplished by demonstrating the presence of intrathecally-produced specific antibody. Interpreting results may be complicated by low antibody levels found in CSF, passive transfer of antibody from blood, and contamination via bloody taps. The interpretation of CSF results must consider CSF-serum antibody ratios to the infectious agent.

This assay was developed and its performance characteristics have been determined by Focus Diagnostics. It has not been cleared or approved by the U.S. Food and Drug Administration. The FDA has determined that such clearance or approval is not necessary. Performance characteristics refer to the analytical performance of the test.

West Niles Virum Ab Pnl, ELISA CSF					
West Nile Virus IgG		<1.30			Y038
West Nile Virus IgM		<0.90			Y038
Interpretation					Y038

ANTIBODY NOT DETECTED
REFERENCE RANGE: IgG <1.30
IgM <0.90

INTERPRETIVE CRITERIA
IgG: <1.30 Antibody not detected
1.30 - 1.49 Equivocal

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Printed 08/15/2012 14:40				

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                                                                                  Reference        Perform
          Test                          Flag  Results                Unit         Value             Site*

                              >=1.50  Antibody detected

            IgM:               <0.90  Antibody not detected
                     0.90 - 1.10  Equivocal
                               >1.10  Antibody detected

      In the very early stages of acute West Nile Virus
      (WNV) infection, IgM may be detectable in CSF
      before it becomes detectable in serum. Antibodies
      induced by other flavivirus infections
      (e.g., Dengue, St. Louis Encephalitis) may show
      crossreactivity with WNV; thus, antibody
      detection using this panel is not diagnostically
      conclusive for WNV infection. Final diagnosis
      should be based on clinical assessment and
      confirmatory assays, such as the plaque reduction
      neutralization test.

      WNV antibody results for CSF should be interpreted
      with caution. Complicating factors include low
      antibody levels found in CSF, passive transfer of
      antibody from blood, and contamination via bloody
      taps.
HSV 1/2 (IgG) Type-Specific Ab, CSF
   HSV 1 IgG Index                            <1.00                                                    Y03
                                                                                                       8
   HSV 2 IgG Index                            <1.00                                                    Y03
                                                                                                       8
      REFERENCE RANGE: < or = 1.00

      INTERPRETIVE CRITERIA:
                      < or = 1.00  Antibody not detected
                           > 1.00  Antibody detected

      Detection of HSV type-specific IgG in CSF may
      indicate central nervous system (CNS) infection
      by that HSV type. However, interpretation of
      results may be complicated by a number of factors,
      including low antibody levels found in CSF,
      passive transfer of antibody across the blood-
      brain barrier, and serum contamination of CSF
      during CSF collection. PCR detection of type-
      specific HSV DNA in CSF is the preferred method
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Printed 08/15/2012 14:40				

Test	Flag	Results	Unit	Reference Value	Perform Site*
for identifying HSV CNS infections.					
Herpes Simplex Virus 1/2 IgM Ab,CSF					
HSV 1 IgM Screen		NEGATIVE			Y038
HSV 2 IgM Screen		NEGATIVE			Y038

REFERENCE RANGE: NEGATIVE

The IFA procedure for measuring IgM antibodies to HSV 1 and HSV 2 detects both type-common and type-specific HSV antibodies. Thus, IgM reactivity to both HSV 1 and HSV 2 may represent crossreactive HSV antibodies rather than exposure to both HSV 1 and HSV 2.

Diagnosis of central nervous system infections can be accomplished by demonstrating the presence of intrathecally-produced specific antibody. Interpreting results may be complicated by low antibody levels found in CSF, passive transfer of antibody from blood, and contamination via bloody taps. The interpretation of CSF results must consider CSF-serum antibody ratios to the infectious agent.

This test was developed and its performance characteristics have been determined by Focus Diagnostics. Performance characteristics refer to the analytical performance of the test.

* Performing Site:

Y038	Focus Diagnostics, Inc. 5785 Corporate Avenue Cypress, CA 90630-4750	Lab Director: