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| Patient Name SAMPLEREPORT,FMEPL | Patient ID SA00054100 | Age 46 | Gender M | Order # SA00054100 |
| Ordering Phys CLIENT,CLIENT | | | | DOB 05/25/1966 |
| Client Order # SA00054100 | Account Information | | | Report Notes |
| Collected 02/19/2013 | C7028846-DLMP ROCHESTER 3050 SUPERIOR DRIVE ROCHESTER,MN 55901 | | | |
| Printed 02/21/2013 11:12 | | | | |

| Test | Flag | Results | Unit | Reference Value | Perform Site* |
|---|------|--|---------------------------|-----------------|---------------|
| Meningoencephalitis Panel CSF | | | REPORTED 02/20/2013 16:02 | | |
| Mumps Antibody Panel, IFA CSF | | | | | |
| Mumps Ab IgG, IFA | | <1:8 | | | Y03 8 |
| Mumps Ab IgM, IFA | | <1:1 | | | Y03 8 |
| Interpretation | | NEGATIVE | | | Y03 8 |
| REFERENCE RANGE: | | IgG <1:8 IgM <1:1 | | | |
| <p>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.</p> <p>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.</p> | | | | | |
| LCM Virus Ab, IFA CSF | | | | | |
| LCM IgG | | <1:1 | | | Y03 8 |
| LCM IgM | | <1:1 | | | Y03 8 |
| Interpretation | | | | | Y03 8 |
| 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 | | | | | |

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* Report times for Mayo performed tests are CST/CDT

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| <p>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.</p> <p>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.</p> | | | | | |
| E. Equine Enceph Virus Ab, IFA CSF | | | | | |
| Eastern Equine IgG | | <1:4 | | | Y03 8 |
| Eastern Equine IgM | | <1:4 | | | Y03 8 |
| Interpretation | | | | | Y03 8 |
| ANTIBODY NOT DETECTED | | | | | |
| REFERENCE RANGE: IgG <1:4 IgM <1:4 | | | | | |
| NOTE: Specimens positive for arbovirus antibody are CDC reportable. Please contact your local public health agency. | | | | | |
| <p>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. The interpretation of CSF results must consider CSF-serum antibody ratios to the infectious agent.</p> | | | | | |
| California Encephalitis Ab Panel, CSF | | | | | |
| California IgG | | <1:4 | | | Y03 8 |
| California IgM | | <1:4 | | | Y03 8 |

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| Interpretation | | | | | Y03 |
| ANTIBODY NOT DETECTED | | | | | 8 |
| REFERENCE RANGE: IgG <1:4 IgM <1:4 | | | | | |
| NOTE: Specimens positive for arbovirus antibody are CDC reportable. Please contact your local public health agency. | | | | | |
| 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. The interpretation of CSF results must consider CSF-serum antibody ratios to the infectious agent. | | | | | |
| St Louis Encephalitis Ab, IFA (CSF) | | | | | |
| St Louis IgG | | <1:4 | | | Y03 |
| | | | | | 8 |
| St Louis IgM | | <1:4 | | | Y03 |
| | | | | | 8 |
| Interpretation | | | | | Y03 |
| ANTIBODY NOT DETECTED | | | | | 8 |
| REFERENCE RANGE: IgG <1:4 IgM <1:4 | | | | | |
| NOTE: Specimens positive for arbovirus antibody are CDC reportable. Please contact your local public health agency. | | | | | |
| 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. The interpretation of CSF results must consider CSF-serum antibody | | | | | |

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| ratios to the infectious agent. | | | | | |
| W. Equine Enceph IgG/IgM, IFA CSF | | | | | |
| Western Equine IgG | | <1:4 | | | Y03 8 |
| Western Equine IgM | | <1:4 | | | Y03 8 |
| Interpretation | | | | | |
| ANTIBODY NOT DETECTED | | | | | |
| REFERENCE RANGE: IgG <1:4 IgM <1:4 | | | | | |
| NOTE: Specimens positive for arbovirus antibody are CDC reportable. Please contact your local public health agency. | | | | | |
| 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. The interpretation of CSF results must consider CSF-serum antibody ratios to the infectious agent. | | | | | |
| West Nile Virus Ab (IgG, IgM), CSF | | | | | |
| West Nile Ab IgG, CSF | | <1.30 | | | Y03 8 |
| West Nile Ab IgM, CSF | | <0.90 | | | Y03 8 |
| REFERENCE RANGE: IgG <1.30 IgM <0.90 | | | | | |
| INTERPRETIVE CRITERIA | | | | | |
| IgG: | | <1.30 | Antibody not detected | | |
| | | 1.30 - 1.49 | Equivocal | | |
| | | >=1.50 | Antibody detected | | |
| IgM: | | <0.90 | Antibody not detected | | |
| | | 0.90 - 1.10 | Equivocal | | |
| | | >1.10 | Antibody detected | | |
| West Nile virus (WNV) IgM is usually detectable | | | | | |

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| <p>in CSF from WNV-infected patients with encephalitis or meningitis at the time of clinical presentation. Because IgM antibody does not readily cross the blood-brain barrier, IgM antibody in CSF strongly suggests acute central nervous system infection. WNV antibody results from CSF should be interpreted with caution. Possible complicating factors include low levels of antibody found in CSF, passive transfer of antibodies from blood, and contamination via bloody spinal taps. Antibodies induced by other flavivirus infections (e.g. Dengue virus, St. Louis encephalitis virus) may show cross-reactivity with WNV.</p> | | | | | |
| HSV 1/2 IgG Type-Specific Ab, CSF | | | | | |
| HSV 1 IgG Index | | NOT DETECTED | | | Y03 8 |
| HSV 2 IgG Index | | NOT DETECTED | | | Y03 8 |
| REFERENCE RANGE: < or = 1.00 | | | | | |
| INTERPRETIVE CRITERIA: | | | | | |
| <p>< or = 1.00 Antibody not detected > 1.00 Antibody detected</p> | | | | | |
| <p>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 for identifying HSV CNS infections.</p> | | | | | |
| HSV 1/2 IgM Ab IFA Reflex to Titer | | | | | |
| HSV 1 IgM Screen | | NEGATIVE | | | Y03 8 |
| HSV 2 IgM Screen | | NEGATIVE | | | Y03 8 |
| REFERENCE RANGE: NEGATIVE | | | | | |
| <p>The IFA procedure for measuring IgM antibodies to HSV 1 and HSV 2 detects both type-common and type-</p> | | | | | |

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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:

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