

# 1-800-533-1710

Y03

Patient Name SAMPLEREPORT,FMEPL	Patient ID SA00054101	<b>Age</b> 46	Gender M	<b>Order #</b> SA00054101	
Ordering Phys CLIENT,CLIENT		·	·	<b>DOB</b> 05/25/1966	
Client Order # SA00054101	Account Information			Report Notes	
<b>Collected</b> 02/19/2013	3050 SUPERIOR DRI	C7028846-DLMP ROCHESTER 3050 SUPERIOR DRIVE			
Printed 02/21/2013 11:13	ROCHESTER,MN 559	901			

Test	Flag	Results	Unit	Reference Value	Perform Site*
Meningoencephalitis Panel CSF Mumps Antibody Panel, IFA CSF			REPORTED 02	2/20/2013 16:05	
Mumps Ab IgG, IFA	Н	>=1:128			Y03 8
Mumps Ab IgM, IFA	Н	>=1:16			Y03 8
Interpretation		DETECTED			Y03 8
REFERENCE RANGE: IgG <1:8 IgM <1:1					
Diagnosis of infections of the system can be accomplished by presence of intrathecally-production antibody. Interpretation of recomplicated by low antibody lepassive transfer of antibody frontamination via bloody taps. of CSF results must consider Contact to the infectious agent.  This assay was developed and incharacteristics have been determined by the U.S. Food and Drug Admining the system of the syste	demonstra uced specesults may vels four rom blood The int SF-serum ts perfor rmined by leared or	ating the cific ay be and in CSF, d, and terpretation antibody rmance y Focus r approved			
has determined that such clears not necessary. Performance chait to the analytical performance	ance or a	approval is tics refer			
LCM IgG	Н	1:16			Y03
LCM IgM	Н	1:16			8 Y03 8

ANTIBODY DETECTED

REFERENCE RANGE: IgG <1:1 IgM <1:1

INTERPRETIVE CRITERIA:

Interpretation

<1:1 Antibody Not Detected

> or = 1:1 Antibody Detected

Diagnosis of infections of the central nervous system can be accomplished by demonstrating the

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Reference Perform
Test Flag Results Unit Value Site\*

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.

E. Equine Enceph Virus Ab, IFA CSF

Eastern Equine IgG H 1:64 Y03 8

Eastern Equine IgM H 1:64 Y03 8

Interpretation ANTIBODY DETECTED Y03 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.

California Encephalitis Ab Panel, CSF

California IgG H 1:64 Y03

California IgM H 1:64 Y03

California IgM H 1:64 Y03

Interpretation ANTIBODY DETECTED Y03

REFERENCE RANGE: IgG <1:4

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<sup>\*</sup> Report times for Mayo performed tests are CST/CDT



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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
 H
 1:64
 Y03

 St Louis IgM
 H
 1:64
 Y03

 Interpretation
 ANTIBODY DETECTED
 Y03

 8
 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.

W. Equine Enceph IgG/IgM, IFA CSF

 Western Equine IgG
 H
 1:64
 Y03

 Western Equine IgM
 H
 1:64
 Y03

 8
 Y03
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Interpretation ANTIBODY DETECTED Y03
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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 H 5.0

West Nile Ab IgM, CSF H 5.0

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 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 in interpreted with caution. Possible complicating factors include low levels

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Test Flag Results Unit Value Site\*

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.

HSV 1/2 IgG Type-Specific Ab, CSF

HSV 1 IgG Index DETECTED

HSV 2 IgG Index DETECTED

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 bloodbrain 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.

HSV 1/2 IgM Ab IFA Reflex to Titer

HSV 1 IgM Screen AB POSITIVE

HSV 2 IgM Screen AB POSITIVE

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.

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HSV 1 IgM Titer	Н	1:1	REPORTED 02/20/2013 16:05	Y03 8
HSV 2 IgM Titer	Н	1:1	REPORTED 02/20/2013 16:05	Y03

### \* Performing Site:

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

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