

# 1-800-533-1710

Patient Name SAMPLEREPORT, FENAB NOT DETECT	Patient ID SA00054000	<b>Age</b> 42	Gender M	Order # SA00054000
Ordering Phys CLIENT,CLIENT		·		<b>DOB</b> 11/09/1970
Client Order # SA00054000	Account Information			Report Notes
<b>Collected</b> 02/18/2013 13:00	C7028846-DLMP ROCHESTER 3050 SUPERIOR DRIVE			
<b>Printed</b> 02/21/2013 11:52	ROCHESTER,MN 55901			

Test	Flag Results	Unit	Reference Value	Perform Site
ncephalitis Antibody Panel (CSF) LCM Virus Ab, IFA CSF		REPORTED	02/19/2013 15:39	
LCM IgG	<1:1			Y03
LCM IgM	<1:1			8 Y03 8
Interpretation				Y03 8
ANTIBODY NOT DETECTED REFERENCE RANGE: IgG <1:1 IgM <1:1				S
INTERPRETIVE CRITERIA:	oody Not Detected oody Detected			
Diagnosis of infections of t system can be accomplished be presence of intrathecally-preantibody. However, interpret complicated by low antibody passive transfer of antibody contamination via bloody tag	by demonstrating the coduced specific ting results is levels found in CSF, refrom blood, and			
This assay was developed and characteristics determined he is a second of the characteristics determined he is a food and Drug Administration determined that such clearar necessary. Performance charamanlytical performance of the Measles (Rubeola) G/M Ab, IFA CSF	by Focus Diagnostics. Approved by the U.S. D. The FDA has DICE or approval is not DESCRIPTION OF THE PROPERTY			
Measles (Rubeola) IgG, IFA	<1:64			Y03 8
Measles (Rubeola) IgM, IFA	<1:1			Y03
Interpretation				8 Y03
ANTIBODY NOT DETECTED REFERENCE RANGE: IGG <1:64 IGM <1:1	1			8

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

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Y03 8

Y03

Y03

8

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Reference Perform
Test Flag Results Unit Value Site\*

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:

Mumps Ab IgM, IFA <1:1

Interpretation NEGATIVE

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.

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Varicella-Zoster, Total/IgM Ab, CSF

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Test	Flag Results	Unit	Reference Value	Perform Site*
VZV Total Ab (ACIF)	<1:2			Y03
VZV IgM (IFA)	<1:1			8 Y03
Interpretation				8 Y03
ANTIBODY NOT DETECTED				8

ANTIBODY NOT DETECTED

REFERENCE RANGES: VZV Total AB <1:2

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.

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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

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### 1-800-533-1710

Y03 8

Y03

Y03

Y03

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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 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

HSV 2 IgG Index

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 typespecific HSV DNA in CSF is the preferred method for identifying HSV CNS infections.

Herpes Simplex Virus 1/2 IgM Ab, CSF

HSV 1 IgM Screen NEGATIVE

HSV 2 IgM Screen NEGATIVE

REFERENCE RANGE: NEGATIVE

The IFA procedure for measuring IgM antibodies to

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



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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.

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### \* Performing Site:

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

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