

Patient Name SOFTVALIDATION,FEABC	Patient ID SA00048252	Age 56	Gender M	Order # SA00048252
Ordering Phys				DOB 05/16/1956
Client Order # SA00048252	Account Information			Report Notes
Collected 08/07/2012 11:02	C7028846-DLMP ROCHESTER 3050 SUPERIOR DRIVE ROCHESTER,MN 55901			
Printed 08/15/2012 14:41				

Test	Flag	Results	Unit	Reference Value	Perform Site*
Encephalitis Antibody Panel (CSF)			REPORTED 08/07/2012 13:28		
LCM Virus Ab, IFA CSF					
LCM IgG		<1:1			Y03 8
LCM IgM		<1:1			Y03 8
Interpretation					
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			Y03 8
Measles (Rubeola) IgM, IFA		<1:1			Y03 8
Interpretation					
ANTIBODY NOT DETECTED					
REFERENCE RANGE: IgG <1:64					
IgM <1:1					
Diagnosis of central nervous system infections can					

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<p>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.</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>					
Mumps Antibody Panel, IFA (CSF)					
Mumps Ab IgG, IFA		<1:8			Y03 8
Mumps Ab IgM, IFA		<1:1			Y03 8
Interpretation		See Below			Y03 8
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.

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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			Y03 8
VZV IgM (IFA)		<1:1			Y03 8
Interpretation					
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.					
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West Nile Virus Ab Pnl, ELISA CSF					
West Nile Virus IgG		<1.30			Y03 8
West Nile Virus IgM		<0.90			Y03 8
Interpretation					
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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Test	Flag	Results	Unit	Reference Value	Perform 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	H	1.10			Y03 8
HSV 2 IgG Index	H	1.10			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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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		POSITIVE			Y03 8
HSV 2 IgM Screen		POSITIVE			Y03 8
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.

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HSV 1 IgM Titer	H	1:1		REPORTED 08/07/2012 13:58	Y03 8
HSV 2 IgM Titer	H	1:1		REPORTED 08/07/2012 13:58	Y03 8

* Performing Site:

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