MAYO CLINIC
Mayo Medical Laboratories

Laboratory Service Report 1-800-533-1710

Patient Name	Patient ID	Age	Gender	Order #
SAMPLEREPORT,FMEPC ABNORMAL	SA00048595	46	M	SA00048595
Ordering Phys				**DOB** 05/25/1966
Client Order # SA00048595	**Account Information**			**Report Notes**
Collected 08/20/2012 13:00	C7028846-DLMP ROCHESTER 3050 SUPERIOR DRIVE ROCHESTER,MN 55901			
Printed 08/21/2012 12:50				

Test	Flag	Results	Unit	Reference Value	Perform Site*
Meningoencephalitis Panel CSF			REPORTED 08/21/2012 10:42		
Mumps Antibody Panel, IFA CSF					
Mumps Ab IgG, IFA	H	1:8			Y038
Mumps Ab IgM, IFA	H	1:1			Y038
Interpretation		DETECTED			Y038

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 to the analytical performance of the test.

LCM Virus Ab, IFA CSF					
LCM IgG	H	1:1			Y038
LCM IgM	H	1:1			Y038
Interpretation		ANTIBODY DETECTED			Y038

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.

Performing Site Legend on Last Page of Report

* Report times for Mayo performed tests are CST/CDT

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E. Equine Enceph Virus Ab, IFA CSF					
Eastern Equine IgG	H	1:16			Y038
Eastern Equine IgM	H	1:32			Y038
Interpretation		ANTIBODY DETECTED			Y038
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	1:4			Y038
California IgM	H	1:8			Y038
Interpretation		ANTIBODY DETECTED			Y038
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					

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Test	Flag	Results	Unit	Reference Value	Perform Site*
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	1:4			Y038
St Louis IgM	H	1:8			Y038
Interpretation		ANTIBODY DETECTED			Y038
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	1:16			Y038
Western Equine IgM	H	1:32			Y038
Interpretation		ANTIBODY DETECTED			Y038
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 Pnl, ELISA CSF					

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Test	Flag	Results	Unit	Reference Value	Perform Site*
West Nile Virus IgG	H	1.30			Y038
West Nile Virus IgM	H	1.00			Y038
Interpretation		EQUIVOCAL			Y038

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

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			Y038
HSV 2 IgG Index	H	1.10			Y038

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,

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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.					
HSV 1/2 IgM Ab IFA Reflex to Titer					
HSV 1 IgM Screen		POSITIVE			Y038
HSV 2 IgM Screen		POSITIVE			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.					
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			REPORTED 08/21/2012 10:51		
HSV 1 IgM Titer	H	1:1			Y038
			REPORTED 08/21/2012 10:51		
HSV 2 IgM Titer	H	1:1			Y038

* Performing Site:

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

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