Patient Name	Patient ID	Age	Gender	Order #
SAMPLEREPORT,FHIME NORMAL	SA00054211	42	M	SA00054211
Ordering Phys CLIENT,CLIENT				**DOB** 11/09/1970
Client Order # SA00054211	**Account Information**			**Report Notes**
Collected 02/25/2013 13:00	C7028846-DLMP Rochester 3050 Superior Drive Rochester, MN 55901			
Printed 02/27/2013 15:59				

Test	Flag	Results	Unit	Reference Value	Perform Site*
Humoral Immunity Evaluation Panel			REPORTED 02/26/2013 12:22		
Diphtheria Antitoxoid		<0.01	IU/mL		Y038

REFERENCE RANGE:
> or = 0.01 IU/mL (Post-Vaccination)

INTERPRETIVE CRITERIA:
<0.01 IU/mL Nonprotective Antibody Level
> or = 0.01 IU/mL Protective Antibody Level

This test was developed and its performance characteristics have been determined by Focus Diagnostics. Performance characteristics refer to the analytical performance of the test.

H. influenzae Type B IgG		<0.15	mcg/mL		Y038

REFERENCE RANGE:
> or = 1.00 mcg/mL

INTERPRETIVE CRITERIA:
<0.15 mcg/mL Nonprotective Antibody Level
0.15 - 0.99 mcg/mL Indeterminate for protective antibody
> or = 1.00 mcg/mL Protective Antibody Level

IgG antibody to polyribosylribitol phosphate (PRP), the capsular polysaccharide of Haemophilus influenzae type b, is measured in micrograms/mL (mcg/mL), based on correlations with a reference Farr radioimmunoprecipitation assay (RIA). The exact level of antibody needed for protection from infection has not been clarified; values ranging from 0.15 mcg/mL to 1.00 mcg/mL have been reported. A four-fold increase in the PRP IgG antibody level between pre-vaccination and post-vaccination sera is considered evidence of effective immunization.

Tetanus Antitoxoid		<0.05	IU/mL		Y038

REFERENCE RANGE:
> or = 0.50 IU/mL (Post-Vaccination)

INTERPRETIVE CRITERIA:
<0.05 IU/mL Nonprotective Antibody Level

Performing Site Legend on Last Page of Report

Patient Name	Patient ID	Age	Gender	Order #
SAMPLEREPORT,FHIME NORMAL	SA00054211	42	M	SA00054211
Ordering Phys CLIENT,CLIENT				**DOB** 11/09/1970
Client Order # SA00054211	**Account Information**			**Report Notes**
Collected 02/25/2013 13:00	C7028846-DLMP Rochester 3050 Superior Drive Rochester, MN 55901			
Printed 02/27/2013 15:59				

Test	Flag	Results	Unit	Reference Value	Perform Site*
0.05 - 0.49 IU/mL Indeterminate for Protective Antibody > or = 0.50 IU/mL Protective Antibody Level					
Levels greater than or equal to 0.50 IU/mL are generally considered protective, whereas levels less than 0.05 IU/mL indicate a lack of protective antibody. Levels between 0.05 and 0.49 IU/mL are indeterminate for the presence of protective antibody and may indicate a need for further immunization to tetanus toxoid. This test was developed and its performance characteristics have been determined by Focus Diagnostics. Performance characteristics refer to the analytical performance of the test.					
Serotype 1 (1)		<0.3	mcg/mL		Y038
Serotype 3 (3)		<0.3	mcg/mL		Y038
Serotype 14 (14)		<0.3	mcg/mL		Y038
Serotype 19 (19F)		<0.3	mcg/mL		Y038
Serotype 23 (23F)		<0.3	mcg/mL		Y038
Serotype 51 (7F)		<0.3	mcg/mL		Y038
Note: Serotype designations are American nomenclature, with Danish nomenclature in parentheses. Studies from the 1980's using radioimmunoassay suggested that vaccine-induced S. pneumoniae type-specific antibody levels of approximately 2.0 mcg/mL were protective against invasive pneumococcal disease. Newer methods (ELISA and multiplexed immunoassay) incorporating an absorption step to remove cross-reactive antibodies yield results that are comparable to each other, but are lower than those obtained with the original radioimmunoassay. Rigorous studies of protective antibody levels as determined by the newer methods have not been performed. In addition					

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Test	Flag	Results	Unit	Reference Value	Perform Site*

to antibody quantity, protection also depends on antibody avidity and opsonophagocytic activity.

Evaluation of the response to pneumococcal vaccination is best accomplished by comparing pre-vaccination and post-vaccination antibody levels. A 2- to 4-fold increase in type-specific antibodies measured 4-6 weeks after vaccination is expected in immunocompetent adults. The number of serotypes for which a 2- to 4-fold increase is observed varies greatly among individuals; a consensus panel has suggested that individuals older than 5 years should respond to at least approximately 70% of pneumococcal serotypes. Adults >65 years old may exhibit a smaller (<2-fold) increase in type-specific antibody levels.

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:

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