Laboratory Analysis Report

Name	: Ms / Jehoshabeth Lorenzana	Lab ID	: 20578295
MRN	: 370099-0	Emirates / Passport ID	:
Gender	: Female	Reference No	: MR00065
Age / DOB	: 37 Y / 08-08-1987	Reg Date	: 06-OCT-2024 10:36 PM
Client Name	: Medhills Medical Centre	Collection Date	: 06-OCT-2024 06:25 PM
Referred by	: Dr. Sedef Gokceoglu	Reporting Date	: 07-OCT-2024 12:47 AM
		Nationality	: Philippines

IMMUNOLOGY / SEROLOGY REPORT

Test	Result	Unit	Reference Range	Methodology
***Hepatitis B surface Ag (HBs Ag)**	0.26 (Non-Reactive)	S/CO	Non Reactive < 1.00 Reactive > or = 1.00	CMIA

For Reactive findings, Full HepB profile is recommended to determine the stage of exposure.
Quantitative viral load by PCR is advised to track the treatment and to monitor HepB levels.

Kindly note that this is screening qualitative result and the Index value reported is an instrument technology relevant value and should not be used for the determination of the exposure/treatment progress.

Reference: Alinity kit insert G71231R03,July 2020.
***Kindly note the change in Methodology and Reference ranges effective from 15/01/2024.*

***Hepatitis C Virus Ab, (HCV)**	0.14 (Non-Reactive)	S/CO	Non Reactive < 1.00 Reactive > or = 1.00	CMIA

** For confirmed Reactive Hepatitis C, a PCR based Quantitative Viral Load test is advised to determine the severity of infection or to track the on-going treatment.*

For diagnostic purposes, results should be used in conjunction with patient history and other hepatitis markers for diagnosis of acute or chronic infection.
Reference: Alinity kit insert B8P0G0, November 2020.

***Kindly note the change in Methodology and Reference ranges effective from 22/01/2024.*

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Laboratory Director
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Final Report

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IMMUNOLOGY / SEROLOGY REPORT

Test	Result		Unit	Reference Range	Methodology
***Rubella Ab, IgG**	**63.3**	**H**	IU/mL	Negative: 0.0 to 4.9 Grayzone: 5.0 to 9.9 Positive: > or = 10.0	CMIA

Rubella IgG assay is used as an aid in the determination of immune status to rubella. Traditionally rubella IgG antibody levels >10-15 IU/mL were used as decision point for seropositivity.

Reference: Alinity kit insert B8P460, January 2020.
***Kindly note the change in Methodology and Reference ranges effective from 03/03/2024.*

Measles IgG	**1.88**	**H**	Index	Negative: < 0.9 Equivocal: 0.9 - 1.1 Positive: > 1.1	CLIA

Samples collected at the beginning of infection may not have detectable levels of antibodies. In these cases it is recommended to obtain a second sample between 14 and 21 days to be tested in parallel with the original sample, in order to determine a seroconversion.
Results in IgG detection in neonates must be interpreted with caution, since maternal IgG is transferred passively from the mother to the foetus before birth. IgM assays are generally more useful indicators of infection in children below 6 months of age.
Reference: MEASLES VIRCLIA IgG MONOTEST kit insert, L-VCM054-EN-01; 2021/12/22

Results Interpretation:
Positive: Value higher than 1.1
The presence of detectable IgG-class antibodies indicates prior exposure to the measles virus through infection or immunization. Individuals testing positive are considered immune to measles infection.

Negative: Value of 0.8 or lower
The absence of detectable IgG-class antibodies suggests the lack of a specific immune response to immunization or no prior exposure to the measles virus.

Equivocal: Value 0.9-1.1
Submit an additional sample for testing in 10 to 14 days to demonstrate IgG seroconversion if recently vaccinated or otherwise clinically indicated.
Reference: Mayo Clinic Laboratories
***Kindly note the Methodology and Reference range effective from 26/04/2024.*

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Referred by	: Dr. Sedef Gokceoglu	Reporting Date	: 07-OCT-2024 12:47 AM
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IMMUNOLOGY / SEROLOGY REPORT

Test	Result		Unit	Reference Range	Methodology
Varicella Zoster IgG	3.01	H	Index	Negative: < 0.9 Borderline: 0.9 - 1.1 Positive: > 1.1	CLIA

** Kindly note that this is an amended report, it replaces the previously released report on 14/10/2024 @ 7:40pm, amended for patient's first name & last name (spelling) as per client request. Amended on 14/10/2024 @ 01:13pm.

** Kindly note the change of reference ranges & methodology wef. 15/08/2024*

End of Report

Sample Type : Serum - 24100019678

Verifed by : Jem Tecson Verifed on : 07-OCT-2024 12:41 AM

* Tests marked with '*' are under ISO 15189:2012 scope of Accreditation

- Samples are processed on the same day of request unless indicated.(#)Result obtained from an external accredited laboratory
- Results reported are for the samples received and reference range is age related when applicable

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Client Name	: Medhills Medical Centre	Collection Date	: 06-OCT-2024 06:25 PM
Referred by	: Dr. Sedef Gokceoglu	Reporting Date	: 07-OCT-2024 12:44 AM
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HIV 1& 2 Antibody, P24 Antigen COMBO

Test	Result	Unit	Reference Range	Methodology
***HIV 1/ 2 Antibody, P24 COMBO**	0.07 (Non-Reactive)	S/CO	Non Reactive < 1.00 Reactive > or = 1.00	CMIA

** Kindly note that this is an amended report, it replaces the previously released report on 14/10/2024 @ 7:40pm, amended for patient's first name & last name (spelling) as per client request. Amended on 14/10/2024 @ 01:13pm.

As per the CDC-USA, all potential reactive cases by screening method to be confirmed by Western Blot technique.

Certain conditions have been described to cause False-reactive HIV:
Pregnancy, in hemodialysis patients. In patients with cellular immunodefects, positive plasmodia Abs. (25%), poly-transfused patients(HLA DR4 sensibility), echinococcosis Abs. against HLA alloantigens of the classes I and II, leucocytes antibodies, Steven-Johnson syndrome, diseases caused by mycobacteria (pulmonary TB 50%, leprosy), patients with lupus (positive WB possible), chronic appendicitis, sepsis, Intestinal infections caused by E.coli, MS (41%), lymphoma, after administration of immunoglobulins vaccinations. (E.g. Hepatitis, Influenza).

Patients at a very early stage of infection may still be non-reactive for HIV Abs or the p24 antigen to be detected. If potential exposure to HIV is suspected, a repeat testing is recommended in 4-6 weeks.

Kindly note that this is a screening qualitative result and the Index value reported is an instrument technology relevant value and should not be used for the determination of the exposure progress and follow up.

Reference: Alinity kit insert B8P070, March 2022.
***Kindly note the change in Methodology and Reference ranges effective from 22/01/2024.*

End of Report

Sample Type : Serum - 24100019678

Verified by : Jasmen Donde Verified time : 06-OCT-2024 11:55 PM

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Client Name	: Medhills Medical Centre	Collection Date	: 06-OCT-2024 06:25 PM
Referred by	: Dr. Sedef Gokceoglu	Reporting Date	: 14-OCT-2024 06:15 PM
		Nationality	: Philippines

Interferon-Gamma Release Assay (IGRA- TB-FERON)

Test	Result		Unit	Reference Range	Methodology
Negative Control (NC)	**1.38**		IU/mL	Valid if < or = 8.0	ELISA
TB Antigen - NC	**3.34**	**H**	IU/mL	Negative < 0.35	ELISA
Positive Control - NC	**> =10**		IU/mL	Valid if > 0.5	ELISA
Interferon-gamma result	**Positive**			Negative	
M. tuberculosis infection:	**Likely**				

Test results to be interpreted in the light of clinical history & to be investigated further if necessary.

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The Quantiferon TB-Gold assay is an in vitro diagnostic test using TB-specific recombinant protein Antigens (ESAT-6, CFP-10 and TB 7.7) to stimulate cells in heparinized whole blood that can help to diagnose human tuberculosis and developed based on IGRA (Interferon Gamma Releasing Assay) method.

-An IGRA is preferred for testing persons who have received BCG vaccine or are unlikely to return for tuberculin skin testing reading.

-The test is a sandwich test for M. tuberculosis infection (including disease) and is intended for use in conjunction with risk assessment, radiography, and other medical and diagnostic evaluations.

-Indeterminate results may occur due to excessive levels of circulating IFN-gamma or presence of heterophile antibodies.

-Testing could be performed on patients with clinical symptoms on when exposure is suspected.

Reference: Standard E- TB Feron ELISA -L27TBF3ENR1 kit insert, Issue:2019.07.
***Kindly note the change in Methodology and Reference ranges effective from 08/04/2024.*

End of Report

Sample Type : TB-Plasma - 24100019679

Verified by : Amrutha Moodengad Verified time : 14-OCT-2024 06:06 PM

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