



BML441569

Laboratory Investigation Report

Name	: Mr. VIKRAM MUTYAMPETA	Ref No.	: 42881
DOB	: 10/06/1986	Sample No.	: 2407451372
Age / Gender	: 38 Y 1 M / Male	Collected	: 20/07/2024 10:15
Referred by	: DR ENOMEN	Registered	: 20/07/2024 21:50
Centre	: CITICARE MEDICAL CENTER	Reported	: 22/07/2024 15:31

IMMUNOLOGY

Test	Result	Flag	Unit	Reference Range	Methodology
# IGA (IMMUNOGLOBULIN A)	106.00		mg/dL	70-400	Immunoturbidimetry

INTERPRETATION NOTES :

- Increased IgA: Seen in chronic liver diseases, chronic infections, autoimmune disorders (e.g., rheumatoid arthritis, lupus), sarcoidosis, Wiscott-Aldrich syndrome, and IgA myeloma.
- Decreased IgA: Occurs in acquired and congenital immunodeficiencies like Bruton-type agammaglobulinemia, non-IgA myeloma, protein-losing gastroenteropathies, and skin loss due to burns.

Clinical Utility:

- IgA Total helps in the detection of monoclonal gammopathies and immune deficiencies.
- Evaluate patients suspected of IgA deficiency prior to transfusion.

Associated tests:

- Immunoglobulin Profile IgG, IgM and IgA (I0265)

Reference:

- Kit Insert
- Wallach's Interpretation of Diagnostic Tests 10th Edition.

This test is performed in an accredited referral laboratory.

IGE TOTAL ANTIBODY	110	H	IU/mL	Refer to Table below in interpretation notes	ECLIA
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INTERPRETATION NOTES :

Age – wise Reference Range:

Age group	IU/mL
Neonates	<1.5
Infants in 1st year of life	<15
Children aged 1 - 5 years	<60
Children aged 6 - 9 years	<90
Children aged 10 - 15 years	<200
Adults	<100
Please note change in reference range (Source: Roche)	

- Immunoglobulin E (IgE) is a type of antibody synthesized by plasma cells

Dr. Adley Mark Fernandes
M.D (Pathology)
Pathologist

Dr. Vyoma V Shah
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This is an electronically authenticated report

Page 1 of 2


HARSHAD MANIKANDAN
Laboratory Technician
Printed on: 09/08/2024 19:23

Test result pertains only to the sample tested and to be interpreted in the light of clinical history. These tests are accredited under ISO 15189:2012 unless specified by (^). Test marked with # is performed in an accredited referral laboratory.





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IMMUNOLOGY

Test	Result	Flag	Unit	Reference Range	Methodology
2.	IgE plays an important role in immunological protection against parasitic infections and in allergy (type 1 hypersensitivity).				
3.	The IgE concentration in serum is normally very low as IgE is the least abundant antibody in serum (0.05 % of the IgG concentration). The IgE concentration is age-dependent, with the lowest values being measured at birth. Its concentration gradually increases and becomes stabilized between the age of 5-7, although the IgE values vary greatly within particular age groups.				
4.	Elevated IgE concentrations are seen in patients with Type 1 hypersensitivity reactions such as Anaphylactic reactions (reaction to drugs, bee stings, latex, vaccines, or antigen preparation used in desensitization immunotherapy), allergic diseases such as hay fever, atopic bronchitis, asthma, food allergies, urticaria and dermatitis.				
5.	Increased IgE concentrations can also occur in non-allergic diseases, e.g. congenital immunodeficiency syndromes, HIV infection, graft-versus- host disease, severe burns, some inflammatory diseases, certain cancers and parasitic diseases.				
6.	Low IgE levels may be seen in auto-immune disorders.				

Note: Samples should not be taken from patients receiving therapy with high biotin doses (i.e. > 5 mg/day) until at least 8 hours following the last biotin administration.

References:

1. Kit Insert
2. Dati F, Ringel KP. Reference values for serum IgE in healthy non- atopic children and adults. Clin Chem 1982;28(7):1556.
3. Gould HJ, Sutton BJ, Beavil AJ, Beavil RL, McCloskey N, Coker HA, et al. (2003). "The biology of IGE and the basis of allergic disease". Annual Review of Immunology. 21: 579-628

Sample Type : Serum

End of Report

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