

Laboratory Investigation Report

Patient Name	Centre
Age/Gender	OP/IP No
Max ID/Mobile	Collection Date/Time
Lab ID	Receiving Date
Ref Doctor	Reporting Date
Passport No.	

Hematology Special

Test Name	Result	Unit	Bio Ref Interval
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Anti Mitochondrial Antibody by IF*

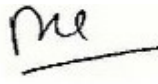
Anti Mitochondrial Antibody by IF Titer	Negative 1:100		Negative
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Kindly correlate with clinical findings

*** End Of Report ***



Dr. Poonam. S. Das, M.D.
Principal Director-
Max Lab & Blood Bank Services



Dr. Dilip Kumar M.D.
Associate Director &
Manager Quality



Dr. Nitin Dayal, M.D.
Principal Consultant & Head,
Haematopathology



SIN No: B2B1044378, Test Performed at : 910 - Max Hospital - Saket M S S H, Press Enclave Road, Mandir Marg, Saket, New Delhi, Delhi 110017

Booking Centre : 1148 - Arctern Healthcare, GGN, Tower A Paras Twin Tower Suncity Sec 54, 8752005200

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Phone: +91-124-6623 000 | (CIN No.: U85100DL2021PLC381826)

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Aspergillus IgE Specific,Serum*

Aspergillus IgE Specific Fluoroenzyme Immunoassay	0.01	KUA/L	0-0.34
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Comment

Allergen Specific IgE Interpretation:

Quantitative Results	Units	IgE Antibody Level	Symptom Relation
< 0.10	kUA/L	Undetectable	Unlikely
0.10 - 0.50	kUA/L	Very Low	Uncommon
0.50 - 2.00	kUA/L	Low	Low
2.00 - 15.00	kUA/L	Moderate	Common
15.0 - 50.0	kUA/L	High	High
> 50	kUA/L	Very High	Very High

Kindly correlate with clinical findings

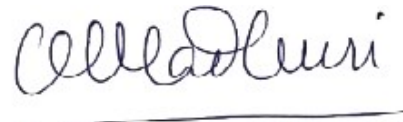
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Clinical Biochemistry

Test Name	Result	Unit	Bio Ref Interval
IgA (Immunoglobulin-A)*, Serum			
Immunoglobulin IgA Immunoturbidimetric	229.05	mg/dL	70 - 400

Interpretation

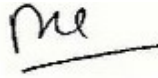
Polyclonal-increased seen in chronic inflammatory disorders, infectious processes and in association with tumors, rheumatoid arthritis, inflammatory bowel disease, ankylosing spondylitis, mixed connective tissue disease.
 Monoclonal-increased seen in multiple myeloma, solitary plasmacytoma, α -heavy chain disease, monoclonal gammopathy of undetermined significance (MGUS), Lymphoma and Chronic Lymphocytic leukemia.
 Decreased in primary immunodeficiencies associated with infectious, autoimmune and allergic complications, gastric carcinoma and lymphoma.

Kindly correlate with clinical findings

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Natural Killer Cells, Flow Cytometry, EDTA

Flow Cytometry Number

IM 232/2021

Total Leucocytes	5900	cells/μl
Lymphocyte percentage	26.4	%
NK cells percentage:	8.66	% of gated lymphocytes
NK cells absolute count	134.8	cell/ul

(Expected reference range 67 - 1134 cells/μl)

Lupus Anticoagulant, Sodium Citrate

Silica Clotting Time

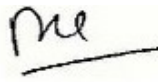
SCT Screen	36.40	Sec	30 - 49
SCT Screen ratio	0.92		
SCT Confirm	28.70	Sec	26.6 - 38.8
SCT Confirm ratio	0.88		
SCT Screen : Confirm ratio	1.05		< 1.20
Interpretation	No Lupus Like Anticoagulant Present		

Kindly correlate with clinical findings

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Anti Cardiolipin Ab,IgM,Serum

Anti Cardiolipin IgM	5.1	MPL-U/mL	< 10.0
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Ref. Range

Negative < 10
 Equivocal 10 - 40
 Positive >40

Comment :

Cardiolipin antibodies is detected in autoimmune disorders particularly systemic lupus erythematosus (SLE), vascular thrombosis, thrombocytopenia etc. Elevations of cardiolipin antibody is associated with increased risk in idiopathic thrombocytopenia purpura, rheumatoid, psoriatic, arthritis primary sjogren's syndrome.

Interpretation :

Cardiolipin IgM is intended for the in vitro quantitative measurement of IgM antibodies directed to cardiolipin in serum and plasma to aid in the diagnosis of antiphospholipid syndrome (APS) and to evaluate the thrombotic risk in patients with systemic lupus erythematosus (SLE). A definitive clinical diagnosis should not be based on the results of a single diagnostic method, but should only be made after all clinical and laboratory findings have been evaluated. Rheumatoid factor (RF) can interfere with the determination of IgM anti-cardiolipin antibodies.



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Anti Cardiolipin Ab,IgG,Serum

Anti Cardiolipin IgG	1.9	GPL-U/mL	< 10.0
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Ref. Range

Negative < 10
 Equivocal 10 - 40
 Positive >40

Comment :

Cardiolipin antibodies is detected in autoimmune disorders particularly systemic lupus erythematosus (SLE), vascular thrombosis, thrombocytopenia etc. Elevations of cardiolipin antibody is associated with increased risk in idiopathic thrombocytopenia purpura, rheumatoid, psoriatic, arthritis primary sjogren's syndrome.

Interpretation :

Cardiolipin IgG is intended for the in vitro quantitative measurement of IgG antibodies directed to cardiolipin in serum and plasma to aid in the diagnosis of antiphospholipid syndrome (APS) and to evaluate the thrombotic risk in patients with systemic lupus erythematosus (SLE). A definitive clinical diagnosis should not be based on the results of a single diagnostic method, but should only be made after all clinical and laboratory findings have been evaluated.



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MC-2714

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Ref Doctor	Reporting Date
Passport No.	

Test Name	Serology Special	Result	Unit	Bio Ref Interval
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Anti Cardiolipin Ab,IgA,Serum

Anti Cardiolipin IgA	4.8	APL-U/mL	< 14
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Ref. Range

Negative < 14
 Equivocal 14 - 20
 Positive >20

Comment :

Cardiolipin antibodies is detected in autoimmune disorders particularly systemic lupus erythematosus (SLE), vascular thrombosis, thrombocytopenia etc. Elevations of cardiolipin antibody is associated with increased risk in idiopathic thrombocytopenia purpura, rheumatoid, psoriatic, arthritis primary sjogrem's syndrome.

Kindly correlate with clinical findings

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