

**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.	

Test Name	Serology Special		
	Result	Unit	Bio Ref Interval

**Scrub Typhus IgM Elisa\*, Serum**

Test Value IgM ELISA	0.28
Cut Off	1.2

**Ref Range :-**

Negative &lt; Cut off value

Positive &gt; Cut off value

**Interpretation**

1. Scrub Typhus / Tsutsugamushi fever is a zoonotic disorder transmitted to humans by the bite of a larval mite Orientiatsutsugamushi. The illness varies from mild self limiting to fatal with an incubation period of 6-21 days characterized by fever, headache, myalgia, cough and gastrointestinal symptoms.
2. The assay detects IgM antibodies in human serum to Orientiatsutsugamushi derived recombinant antigen .
3. A definitive clinical diagnosis should not be made by result of a single test only, but should be made by taking clinical history and other laboratory findings in to account.



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**Lyme Disease Antibodies\*, Serum**

CLIA

Borrelia IgG	<5.00	AU/ml
Borrelia IgM	<0.100	Index

**Ref Range Borrelia IgG**

Negative	< 10.0	AU/ml
Equivocal	10 - 15	AU/ml
Positive	> 15	AU/ml

**Borrelia IgM**

Negative	< 0.9	INDEX
Equivocal	0.9 - 1.1	INDEX
Positive	> 1.1	INDEX

**Note:**

1. Acute Borreliosis is unlikely with negative IgG & IgM results.
2. Borderline IgM result with negative IgG results may occur in acute infection and should be confirmed by a follow up sample after 14 days.
3. Positive IgM with negative IgG results are indicative of acute infection in early stages.
4. Borderline IgG result with negative IgM indicates late or chronic infection or polyclonal antibody stimulation by other infections.
5. Positive IgG values with positive or border IgM results is indicative of a persisting acute infection requiring therapy.

**Interpretation**

Borrelia burgdorferi is the etiologic agent of Lyme disease ( Borreliosis) transmitted by ticks. It is a multisystemic disease with a broad spectrum of clinical symptoms. It is easily treated with antibiotics, hence early detection is of major importance. IgM antibodies appear 3 weeks after infection while IgG antibodies appear 4-6 weeks after infection. Acute phase is indicated by high titres of IgM antibodies. Elevated IgG levels with low or without IgM antibodies may occur when Borreliosis is subsiding either spontaneously or due to therapy.

Kindly correlate with clinical findings

\*\*\* End Of Report \*\*\*



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SIN No:BCIP533323, Test Performed at :910 - Max Hospital - Saket M S S H, Press Enclave Road, Mandir Marg, Saket, New Delhi, Delhi 110017

Booking Centre :1566 - BLK Superspeciality Hospital, Pusa Road Radha Swami Satsang Rajendra Place Delhi, 01130403040

The authenticity of the report can be verified by scanning the Q R Code on top of the page

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**Serology Special**

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**Dr. Bansidhar Tarai, M.D.**

 Associate Director  
 Microbiology & Molecular Diagnostics


**Dr. Poornima Sen, M.D.**  
 Consultant - Microbiology


**Dr. Madhuri Somani, M.D. , DNB**  
 Consultant - Microbiology


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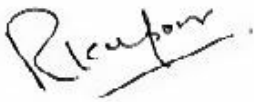
**Clinical Biochemistry**

**ACE (Angiotensing Converting Enzyme), Serum**

Date	11/Dec/2021 07:09PM	Unit	Bio Ref Interval
Angiotensin Converting Enzyme (ACE) FAPGG Substrate	15.2	U/L	12 - 68

Kindly correlate with clinical findings

\*\*\* End Of Report \*\*\*



Dr. Raj Kumar Kapoor  
Principal Consultant & HOD  
(DMC Reg No.44935)



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Serology			
Test Name	Result	Unit	Bio Ref Interval

**ANA IFA IN DILUTIONS-BLK**

Anti Nuclear Antibodies	Negative		Negative
Primary Dilution	1:100		

**Comments:**

HEP- 2 ANA Kit/Substrate Slide is a screening test for anti-nuclear antibodies. It is an aid in diagnosis of SLE, Sjogren's syndrome, Rheumatoid arthritis and other connective tissue disorders. ANA are auto-antibodies against constituents of cell nuclei - DNA, RNA and nuclear proteins. These are found in persons with autoimmune diseases, cancer, lung diseases, gastrointestinal diseases, hormonal diseases, blood diseases, skin diseases, infections, in elderly people, or people with a family history of rheumatic disease. Test result in itself is not diagnostic and must be correlated with other laboratory and clinical findings.

**Positive results are interpreted as follows :**

PATTERN	DISEASES
Homogenous	SLE & other Connective tissue disorders
Peripheral	SLE and other Connective tissue disorders
Speckled	Sjogren's-Sicca complex syndrome, SLE, Mixed Connective Tissue Disease, Scleroderma.
Nucleolar	Scleroderma, Sjogren's syndrome
Centromere	CREST Syndrome
Mitochondrial	Primary Biliary Cirrhosis, Scleroderma.

Kindly correlate with clinical findings

\*\*\* End Of Report \*\*\*



**Dr. Purabi Barman**  
Associate Director & Head  
Clinical Microbiology and Molecular diagnostics  
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SIN No: BCIP533323, Test Performed at : 1566 - BLK Superspeciality Hospital, Pusa Road Radha Swami Satsang Rajendra Place Delhi  
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