

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 Result	Unit	Bio Ref Interval
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TORCH (IgG, IgM),Serum*

Toxo IgG ECLIA	<0.130	IU/mL	
Rubella IgG ECLIA	9.04	IU/mL	
CMV IgG ECLIA	147.8	U/mL	
HSV IgG (1+2) CLIA	0.5	Index	
Toxo IgM ECLIA	0.244	COI	
Rubella IgM ECLIA	0.238	COI	
CMV IgM ECLIA	0.192	COI	
HSV IgM (1+2) CLIA	<0.500	Index	

Ref Range (Toxo IgG)

Non Reactive < 1.0
 Equivocal ≥ 1.0 - < 3.0
 Reactive ≥ 3.0

Interpretation:

Positive IgG antibodies indicate a past infection with Toxoplasma gondii.

Ref Range (Rubella IgG)

Non Reactive < 10.0
 Reactive ≥ 10.0

Interpretation:

Positive IgG antibodies indicate an exposure to virus, either after infection or vaccination.

Ref Range (CMV IgG)

Non Reactive < 0.50
 Equivocal 0.50 - < 1.0
 Positive ≥ 1.0

Interpretation:

Positive CMV IgG levels indicate past infection.

Ref Range (HSV IgG)

Non Reactive < 0.90
 Equivocal 0.90 - 1.10
 Reactive > 1.10



SIN No:B2B905850, Test Performed at :910 - Max Hospital - Saket M S S H, Press Enclave Road, Mandir Marg, Saket, New Delhi, Delhi 110017

Booking Centre :1297 - Chopra Diagnostic Center, H. No. C-4 Sec-31 Gurgaon, 9310888991

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

Max Lab Limited (A Wholly Owned Subsidiary of Max Healthcare Institute Ltd.)

Max Lab, Max Hospital, Gurgaon: Opposite HUDA City Centre Metro Station, B-Block, Sushant Lok-1, Gurgaon-122001,
 Phone: +91-124-6623 000 | (CIN No.: U85100DL2021PLC381826)

Helpline No. 7982 100 200 | www.maxlab.co.in | feedback@maxlab.co.in

Conditions of Reporting: 1. The tests are carried out in the lab with the presumption that the specimen belongs to the patient name as identified in the bill/test request form. 2. The test results relate specifically to the sample received in the lab and are presumed to have been generated and transported per specific instructions given by the physicians/laboratory. 3. The reported results are for the information and interpretation by the referring doctor only. 4. Some tests are referred to other laboratories to provide a wider test menu to the customer. 5. Max Healthcare shall in no event be liable for accidental damages loss, or destruction of specimen which is not attributable to any direct and mala fide act or omission of Max Healthcare or its employees. Liability of Max Healthcare for deficiency of services, or other errors and omissions shall be limited to fee paid by the patient for the relevant laboratory services.

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Interpretation:

Positive HSV IgG levels indicate past infection.

Ref Range(Toxo IgM)

Non Reactive < 0.80

Equivocal ≥ 0.80 - < 1.0

Reactive > 1.0

Interpretation:

Positive IgM antibodies help in the diagnosis of congenital / Acute Acquired toxoplasmosis.

Ref. Range (Rubella IgM)

Negative < 0.80

Equivocal ≥ 0.80 - 1.0

Positive ≥ 1.0

Interpretation:

Positive IgM antibodies to Rubella virus is seen in recent infection.

Ref Range (CMV IgM)

Negative < 0.70

Equivocal ≥ 0.70 - < 1.0

Positive > 1.0

Interpretation:

Positive CMV IgM antibodies is seen in recent infection.

Ref Range (HSV IgM)

Non Reactive < 0.90

Equivocal 0.90 - 1.10

Reactive > 1.10

Interpretation:

HSV IgM antibody is seen after primary HSV infection.

1. Non reactive results do not always exclude the possibility of infection. Patients with negative results in suspected early disease cases should be retested after 3 weeks
2. Equivocal results may contain low levels of antibodies. In such cases it is recommended to retest after 2 weeks
3. Reactive results IgG indicate past or acute infection. IgG avidity testing is recommended to differentiate between recent and past infection
4. Reactive IgM Rubella & IgM CMV result indicates primary infection / reinfection / reactivation of latent virus respectively.
5. Reactive IgM Toxoplasma result indicates recent / past infection as the IgM antibodies can persist upto 18 months post infection.
6. Reactive HSV IgM results are seen with primary HSV infection.
7. 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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Serology			
Test Name	Result	Unit	Bio Ref Interval

Kindly correlate with clinical findings

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

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