Patient Name	:	Bill Date	:
DOB/Age/Gender	:	Sample Collected	:
Patient ID / UHID	:	Sample Received	:
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Test Description	Value(s)	Unit(s)	Reference Range

HEMATOLOGY REPORT

Bad Obstetric History (BOH) Profile- Advance

Lupus Anticoagulant

Patient Value Method : Viscosity-based clot detection	33.6	sec	33.1-45.1
Control value	39.1		
Screen Ratio	0.86		<1.20
Lupus Anticoagulant	NO LUPUS LIKE ANTICOAGULANT PRESENT		

Interpretation:

Method: Dilute Russell viper venom method (dRVV), electromechanical clot detection.

Remarks:

1. This is only a screening test.
2. If Screening test is positive, then a confirmatory test is necessary.
3. The presence of LA in the sample is confirmed when the Normalized Ratio (calculated as ratio of dRVV screen ratio to dRVV confirmatory ratio) value is greater or equal to reference value.

Test description: Diluted RVV Screen test is performed with reagent containing a low concentration of phospholipids. If lupus anticoagulant (LA) is present, the clotting time will be lengthened. dRVV confirmatory testing is done with reagent containing higher concentration of phospholipids, which neutralizes the LA (when present in the sample) and corrects the clotting time to normal thereby confirming the presence of LA.

Notes:

1. As per ISTH(International society on thrombosis and hemostatsis) guidelines , Lupus Anticoagulant detection must be done by using at least two clot based assays employing separate clotting principles like Lupus sensitive APTT & dRVVT.
2. Results of this test should always be interpreted in conjunction with the patient's medical history, clinical presentation and other findings.
3. A positive LA can be seen in otherwise normal individuals and in certain viral or other infections.
4. Once a patient has been tested positive for LA, it is imperative that testing be repeated on a second occasion > 12 weeks after the initial testing.
5. Anticoagulation therapy effects such as Warfarin (especially when the effect is supratherapeutic), excess Heparin, direct thrombin inhibitors (DTI) (eg, Dabigatran [Pradaxa]), Argatroban [Ancova], Bivalirudin [Angiomax]), direct factor Xa inhibitors (eg, Rivaroxaban [Xarelto], Apixaban [Eliquis], Edoxaban [Savaysa]) may result in a false-positive assay performance for LA. Clinical correlation and repeat testing after discontinuation (>1 week) of anticoagulation therapy is suggested.
6. Although the dilute Russell viper venom time (dRVVT) reagents contain a heparin inhibitor (Polybrene) that is sufficient for neutralization of heparin (up to 1-2 U/mL), the results may not necessarily represent what would occur if no heparin were present in the specimen. Therefore, DRVVT results from heparinized plasma should be interpreted with caution.
7. dRVVT assays, when performed in isolation, will not distinguish LA from heparin or inhibitors of factors V or VIII, which may cause false-positive results of LA testing.

Comments: Lupus Anticoagulants are heterogenous IgG or IgM autoantibodies which interfere with phospholipid dependent in vitro coagulation tests, particularly activated partial thromboplastin time (APTT). These antibodies are associated with thrombosis (arterial & venous), recurrent abortions, neurological & neuropsychiatric disorders. Various methods for testing Lupus Anticoagulants include Lupus sensitive APTT (PTT-LA), activated kaolin clotting time and dilute Russell Viper Venom time. Out of these the dRVVT assay is the most robust & specific because dRVVT is not influenced by deficiencies of intrinsic pathway or antibodies to factors VIII, IX or XI.a

Dr. Priti Sonkar
MD Pathologist

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Test Description	Value(s)	Unit(s)	Reference Range

BIOCHEMISTRY REPORT

Bad Obstetric History (BOH) Profile- Advance

TSH 3rd Generation

THYROID STIMULATING HORMONE (Ultrasensitive)	2.77	mIU/L	0.35 - 4.94

Method : CMIA

Interpretation:

Pregnancy	Reference ranges TSH
1 st Trimester	0.1 - 2.5
2 ed Trimester	0.2 - 3.0
3 rd Trimester	0.3 - 3.0

TSH levels are subject to circadian variation, reaching peak levels between 2 - 4.a.m. and at a minimum between 6-10 pm . The variation is of the order of 50% . hence time of the day has influence on the measured serum TSH concentrations.

Primary malfunction of the thyroid gland may result in excessive (hyper) or below normal (hypo) release of T3 or T4. In addition as TSH directly affects thyroid function, malfunction of the pituitary or the hypo - thalamus influences the thyroid gland activity. Disease in any portion of the thyroid-pitutary-hypothala- mus system may influence the levels of T3 and T4 in the blood. In primary hypothyroidism, TSH levels are significantly elevated, while in secondary and tertiary hypothyroidism, TSH levels may be low. In addition, in the Euthyroid Sick Syndrome, multiple alterations in serum thyroid function test findings have been recognized in patients with a wide variety of non-thyroidal illnesses (NTI) without evidence of preexisting thyroid or hypothalami c-pitutary diseases.

Thyroid Binding Globulin (TBG) concentrations remain relatively constant in healthy individuals. However, pregnancy, excess estrogen, androgen, antibiotics, steroids and glucocorticoids are known to alter TBG levels and may cause false thyroid values for Total T3 and T4 tests.

Dr. Sunil Raina
(M.D. Pathology)

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Test Description	Value(s)	Unit(s)	Reference Range

SEROLOGY AND IMMUNOLOGY REPORT

Bad Obstetric History (BOH) Profile- Advance

Anti Nuclear Antibody (ANA) By IFA (HEP-2)

Anti Nuclear Antibody by IFA	POSITIVE
Pattern	Cytoplasmic speckled
Grade	+
Estimated Titre	1:100

Interpretation:

Interpretation Guidelines (Sample screening Dilution - 1:100):

Negative : No Immunofluorescence
+ : Weak Positive
++ : Moderate Positive
+++ : Strong Positive
++++ : Very strong Positive

Test Description: Antinuclear antibodies (ANAs) are unusual antibodies, detectable in the blood, that have the capability of binding to certain structures within the nucleus of the cells. ANAs indicate the possible presence of autoimmunity & provide, therefore, an indication of autoimmune illness. Fluorescence tech. are frequently used to actually detect the antibodies in the cells, thus ANA testing is sometimes referred to as fluorescent antinuclear antibody test (FANA). The ANA test is a sensitive screening test used to detect autoimmune diseases

Technique: Indirect Immunofluorescence.

The BIOCHIP Slide is a combination of Hep-20-10 cells and primate liver and has the following advantages.

1. It is a global standard tech. with a natural antigen spectrum capable of detecting more than 30 diagnostically relevant auto antibodies.
2. Hep 20-10 cell lines contain 40% mitotic cells, facilitating easier identification of rare patterns.
3. If the test is negative, detectable level of auto antibodies is ruled out. In case of a positive result, autoantibodies against any one or in some cases simultaneously against more than one antigens may be present and further monospecific tests or panel of profiles can be used to determine the specific autoantibodies present.

NOTE- All weak positive (+) results may be repeated after 6 - 8 weeks.**Associated Tests:** Monospecific ELISA to define single antigens, ANA Immunoblot assay.

Abbreviations: SLE: Systemic Lupus Erythematosus, SCL: Scleroderma, MCTD: Mixed Connective Tissue Disease; CFS: Chronic Fatigue Syndrome; AIH: Autoimmune Hepatitis, PBC: Primary Bilary Cirrhosis, PM:Polymyositis, DM:Dermatomyositis, SS: Systemic sclerosis, RA:Rheumatoid Arthritis.

Please view next page for co-relation table including various single antigens with their Immunoflourescence patterns and clinical associations

Location	Pattern	Target Antigen	Clinical Association
Nucleus	Homogeneous	Double strand DNA Histones Nucleosome, RNA,Single Strand DN	SLE Drug Induced Lupus, SLE , RA SLE, MCTD,RA, PM, DM, SS
	Speckled	Sm U1-snRNP SSA/Ro SSB/La Ku Cyclin1(PCNA) Mitosin/Cyclin II	SLE MCTD,SLE,RA, sharp syndrome Sjogren`s syndromes (SS)/SLE/Neonatal Lupus PM/DM/SLE/SS SLE/Overlap Syndromes DM
	Dense Fine Speckled(DFS)	Lens epithelium-derived growth factor (LEDGF), DNA binding transcription coactivator p75. (DFS-70)	Healthy individuals, Various Inflammatory conditions like atopic dermatitis, interstitial cystitis, Asthma.
	Centomeres	Proteins of Kinetochores	CREST syndrome, PSS limited form
	Nuclear Dots	Sp-100 , NDP53	PBC,Rheumatic Disease

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Consultant Microbiologist

Patient Name	:	Bill Date	:
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Test Description		Value(s)	Unit(s)	Reference Range
	Nuclear Membrane	Lamins, gp210, p62	CFS,Collagenoses,PBC,AIH	
Nucleolus	Nucleolar homogeneous	PM-Scl Scl-70	PM, DM, PSS(Diffuse) PSS(Diffuse)	
	Nucleolar speckled	RNA-Polymerase I / NOR-90	Progressive Systemic Sclerosis(Diffuse)	
	Nucleolar Pattern	Fibrillarin	Progressive Systemic Sclerosis(Diffuse)	
Cytoplasm	Cytoplasmic speckled	Mitochondrial Lysosomal Golgi Complex Ribosome P Jo -1 SRP, PL12, TIF1-Gamma	PBC, Unknown SS/SLE/RA SLE Polymyositis (PM), PM/ DM, Myositis	
	Cytoplasmic filament	F-Actin Vimentin Tropomyosin Cytoplasmic Rings & rods	AIH Unknown Unknown HCV Infection- on therapy	
Cell Cycle (mitotic cells)	Centriole Mid-Body Spindle Fibres	-- -- --	Unknown Unknown Rheumatic Disease	

SEROLOGY AND IMMUNOLOGY REPORT

Bad Obstetric History (BOH) Profile- Advance

Torch Panel IgG (5 Parameters)

Toxoplasma IgG Method : CLIA	0.001	IU/mL	Non-Reactive <0.81 IU/mL Equivocal 0.81 - 1.2 IU/mL Reactive >1.2 IU/mL

Interpretation:

1. This assay is used for quantitative detection of specific IgG antibodies to TORCH in serum samples.
2. Positive result indicates past infection with TORCH. Pregnant females with positive TORCH specific IgG antibodies are considered to be immune and hence risk of transmission of infection to fetus is minimal.
3. Equivocal results should be re-tested in 10-14 days.
4. Negative result indicates person has not been exposed to TORCH in the past. Patients with negative results in suspected disease should be re-tested after 10-14 days. False negative results can be due to immunosuppression or due to low/undetectable level of IgG antibodies.
5. To differentiate between recent and past infection, Toxoplasma, Rubella & CMV IgG avidity test is indicated.
6. Demonstration of rising antibody titer (four folds) in acute and convalescent sera taken 2-3 weeks apart are indicative of TORCH infection.
7. The result should be interpreted in conjunction with clinical finding and other diagnostic tests. The magnitude of the measured result is not indicative of the amount of antibody present

SEROLOGY AND IMMUNOLOGY REPORT

Bad Obstetric History (BOH) Profile- Advance

Anti Cardiolipin IgA Antibodies

Cardiolipin Antibody ACL-IgA Method : (Serum,EIA)	0.76	APL U/mL	Negative: < 10 Positive: >= 10

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Sample Type	:	Barcode No	:
Client	:	Report Status	:

Test Description	Value(s)	Unit(s)	Reference Range
SEROLOGY AND IMMUNOLOGY REPORT			
Bad Obstetric History (BOH) Profile- Advance			
Torch Panel IgG (5 Parameters)			
Rubella IgG Method : CLIA	106.113	IU/mL	Non-Reactive <5 IU/mL Equivocal 5 - 10 IU/mL Reactive >10 IU/mL
Cytomegalovirus, IgG Method : CLIA	985.561	AU/mL	Non-Reactive <10 AU/mL Equivocal 10 - 14 AU/mL Reactive >14 AU/mL
Herpes simplex virus-1 IgG Method : CLIA	164.233	AU/mL	Non-Reactive <14 AU/mL Equivocal 14 - 19 AU/mL Reactive >19 AU/mL
Herpes simplex virus-2 IgG Method : CLIA	0.266	AU/mL	Non-Reactive <9 AU/mL Equivocal 9 - 13 AU/mL Reactive >13 AU/mL

Interpretation:

1. This assay is used for quantitative detection of specific IgG antibodies to TORCH in serum samples.
2. Positive result indicates past infection with TORCH. Pregnant females with positive TORCH specific IgG antibodies are considered to be immune and hence risk of transmission of infection to fetus is minimal.
3. Equivocal results should be re-tested in 10-14 days.
4. Negative result indicates person has not been exposed to TORCH in the past. Patients with negative results in suspected disease should be re-tested after 10-14 days. False negative results can be due to immunosuppression or due to low/undetectable level of IgG antibodies.
5. To differentiate between recent and past infection, Toxoplasma, Rubella & CMV IgG avidity test is indicated.
6. Demonstration of rising antibody titer (four folds) in acute and convalescent sera taken 2-3 weeks apart are indicative of TORCH infection.
7. The result should be interpreted in conjunction with clinical finding and other diagnostic tests. The magnitude of the measured result is not indicative of the amount of antibody present

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DOB/Age/Gender	:	Sample Collected	:
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Sample Type	:	Barcode No	:
Client	:	Report Status	:

Test Description	Value(s)	Unit(s)	Reference Range

SEROLOGY AND IMMUNOLOGY REPORT

Bad Obstetric History (BOH) Profile- Advance

Anti Cardiolipin IgG Antibodies

Cardiolipin Antibody ACL- IgG	<3.0	GPLU/ml	< 12.0 GPLU/ml

Method : (Serum,EIA)

Interpretation:

RESULT IN GPLU/ml	REMARKS
< 11.9	Negative
≥ 12.0-17.9	Equivocal
≥ 18.0	Positive

Comments

Antibodies against cardiolipin belong to the group of anti- phospholipid antibodies specific for negatively charged phospholipids, components of biological membranes. Cardiolipin is an acidic phospholipid derived from glycerol . Antiphospholipid antibodies are frequently found in sera of patients with systemic lupus erythematosus (SLE) and related diseases. The prevalence of anti-cardiolipin antibodies in SLE is 24-50%. The occurrence of anti-cardiolipin antibodies in patients with SLE and related diseases is typical of a secondary anti- phospholipid syndrome (APS). In contrast, anti-cardiolipin antibodies in patients with no other autoimmune diseases characterize the primary anti-phospholipid syndrome (APS). Many studies have shown a correlation between these autoantibodies and an enhanced incidence of thrombosis, thrombocytopenia and habitual abortions (as a consequence of placental infarct). The exact mechanism by which pathogenic anti-phospholipid antibodies induce thrombosis is not yet fully revealed.

Dr. Amit Singh
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Patient Name	:	Bill Date	:
DOB/Age/Gender	:	Sample Collected	:
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Sample Type	:	Barcode No	:
Client	:	Report Status	:

Test Description	Value(s)	Unit(s)	Reference Range

SEROLOGY AND IMMUNOLOGY REPORT

Bad Obstetric History (BOH) Profile- Advance

Anti Cardiolipin IgM Antibodies

Cardiolipin AntibodyACL- IgM	<3.0	MPLU/ml	< 12.0 MPLU/ml

Method : (Serum,EIA)

Interpretation:

RESULT IN MPLU/ml	REMARKS
< 11.9	Negative
≥ 12.0-17.9	Equivocal
≥ 18.0	Positive

Comments

Antibodies against cardiolipin belong to the group of anti- phospholipid antibodies specific for negatively charged phospholipids, components of biological membranes. Cardiolipin is an acidic phospholipid derived from glycerol . Antiphospholipid antibodies are frequently found in sera of patients with systemic lupus erythematosus (SLE) and related diseases. The prevalence of anti-cardiolipin antibodies in SLE is 24-50%. The occurrence of anti-cardiolipin antibodies in patients with SLE and related diseases is typical of a secondary anti- phospholipid syndrome (APS). In contrast, anti-cardiolipin antibodies in patients with no other autoimmune diseases characterize the primary anti-phospholipid syndrome (APS). Many studies have shown a correlation between these autoantibodies and an enhanced incidence of thrombosis, thrombocytopenia and habitual abortions (as a consequence of placental infarct). The exact mechanism by which pathogenic anti-phospholipid antibodies induce thrombosis is not yet fully revealed.

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Patient ID / UHID	:	Sample Received	:
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Sample Type	:	Barcode No	:
Client	:	Report Status	:

Test Description	Value(s)	Unit(s)	Reference Range
SEROLOGY AND IMMUNOLOGY REPORT			
Bad Obstetric History (BOH) Profile- Advance			
Torch Panel IgM (5 Parameters)			
Toxoplasma IgM Method : CLIA	0.001	AU/mL	Non-Reactive <6 AU/mL Equivocal 6 - 10 AU/mL Reactive >10 AU/mL
Rubella IgM Method : CLIA	0.001	AU/mL	Non-Reactive <5 AU/mL Equivocal 5 - 10 AU/mL Reactive >10.0 AU/mL
Cytomegalovirus ,IgM Method : CLIA	0.003	AU/mL	Non-Reactive <8 AU/mL Equivocal 8 - 12 AU/mL Reactive >12 AU/mL
Herpes simplex virus-1 IgM Method : CLIA	0.001	AU/mL	Non-Reactive <6 AU/mL Equivocal 6 - 10 AU/mL Reactive >10 AU/mL
Herpes simplex virus-2 IgM Method : CLIA	0.043	AU/mL	Non-Reactive <6 AU/mL Equivocal 6 - 10 AU/mL Reactive >10 AU/mL

Interpretation:

1. This assay is used for quantitative detection of specific IgM antibodies to TORCH in serum samples.
2. Positive result for TORCH IgM indicates possible acute infection with TORCH. False positive reaction due to rheumatoid factor and persistence of positive IgM (except Herpes Simplex virus) for upto 2 years is not uncommon.
3. An equivocal result requires repeat testing in 10-14 days.
4. Negative result indicates no serological evidence of infection with TORCH. False negative can be due to immunosuppression or due to low/undetectable level of IgM antibodies. A suspected diagnosis of acute TORCH infection should be confirmed by PCR analysis or repeat test after 10-14 days.
5. The diagnosis should not be established on the basis of single test and the results should be interpreted in conjunction with clinical findings.
6. The magnitude of the measured result is not indicative of the amount of antibody present.

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Consultant Microbiologist

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Sample Type	:	Barcode No	:
Client	:	Report Status	:

Test Description	Value(s)	Unit(s)	Reference Range

SEROLOGY AND IMMUNOLOGY REPORT

Bad Obstetric History (BOH) Profile- Advance

Anti Phospholipid IgG Antibodies

PHOSPHOLIPID ANTIBODY, IgG, SERUM	0.61	U/mL	<12.00

Method : (EIA)

Interpretation:

RESULT IN U/ml	REMARKS
< 12	Negative
12.00-18.00	Borderline
>18.00	Positive

NOTE-The assay is an aid in the diagnosis and risk estimation of thrombosis in patients with systemic lupus erythematosus and antiphospholipid syndrome (APS).

Phospholipid-Screen-IgG is a solid phase enzyme immunoassay for the quantitative detection of IgG against phospholipids in human serum.Antibodies against phospholipids, components of the biological membranes, are specific for phospholipids such as Cardiolipin, Phosphatidyl -inositol, -ethanolamine,- serine, -choline and Sphingomyelin.Anti-phospholipid antibodies are frequently found in sera of patients with systemic lupus erythematosus (SLE) and related diseases. The occurrence of anti-phospholipid antibodies in patients with SLE and related diseases is typical for a secondary anti-phospholipid syndrome (APS). In contrast, anti-phospholipid antibodies in patients with no other autoimmune diseases characterize the primary APS.

SEROLOGY AND IMMUNOLOGY REPORT

Bad Obstetric History (BOH) Profile- Advance

Anti Phospholipid IgM Antibodies

PHOSPHOLIPID ANTIBODY, IgM, SERUM	0.21	U/mL	<12.00

Method : (EIA)

Interpretation:

RESULT IN U/ml	REMARKS
< 12	Negative
12.00-18.00	Borderline
>18.00	Positive

NOTE-The assay is an aid in the diagnosis and risk estimation of thrombosis in patients with systemic lupus erythematosus and antiphospholipid syndrome (APS).

Phospholipid-Screen-IgM is a solid phase enzyme immunoassay for the quantitative detection of IgM against phospholipids in human serum.Antibodies against phospholipids, components of the biological membranes, are specific for phospholipids such as Cardiolipin, Phosphatidyl -inositol, -ethanolamine,- serine, -choline and Sphingomyelin.Anti-phospholipid antibodies are frequently found in sera of patients with systemic lupus erythematosus (SLE) and related diseases. The occurrence of anti-phospholipid antibodies in patients with SLE and related diseases is typical for a secondary anti-phospholipid syndrome (APS). In contrast, anti-phospholipid antibodies in patients with no other autoimmune diseases characterize the primary APS.

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2. It is to be presumed that the tests performed pertain to the specimen/sample attributed to the Customer's name or identification. It is presumed that the verification particulars have been cleared out by the customer or his/her representation at the point of generation of said specimen / sample. It is hereby clarified that the reports furnished are restricted solely to the given specimen only.

3. It is to be noted that variations in results may occur between different laboratories and over time, even for the same parameter for the same Customer. The assays are performed and conducted in accordance with standard procedures, and the reported outcomes are contingent on the specific individual assay methods and equipment(s) used, as well as the quality of the received specimen.

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