

Patient Name : Mr MR.DUMMY

DOB/Age/Gender : 23 Y/Male

Patient ID / UHID : 8053617/RCL7248270

Referred By : Dr. X

Sample Type : Serum

Sample Collected : Apr 26, 2024, 01:00 PM.

Report Date : May 24, 2024, 06:06 PM.

Barcode No : SI484217

Report Status : Final Report

Drugs Allergy Panel Test 42 Allergens

Test Description	Value(s)	Unit(s)	Reference Range
IMMUNOGLOBULIN IgE TOTAL SERUM (Method : ECLIA)	129.0	IU/mL	0-100
LIDOCAINE , HAS	<0.35	IU/mL	<0.35
BENZOCAINE , HAS	<0.35	IU/mL	<0.35
PRILOCAINE	<0.35	IU/mL	<0.35
PARACETAMOL	<0.35	IU/mL	<0.35
ASPIRIN, HAS	<0.35	IU/mL	<0.35
PIROXYCAM	<0.35	IU/mL	<0.35
NAPROXEN	<0.35	IU/mL	<0.35
KETOPROFEN , HAS	<0.35	IU/mL	<0.35
DICLOFENAC	<0.35	IU/mL	<0.35
IBUPROFEN	<0.35	IU/mL	<0.35
PENICILLOYL G	<0.35	IU/mL	<0.35
PENICILLOYL V	<0.35	IU/mL	<0.35
CO-TRIMOXAZOLE	<0.35	IU/mL	<0.35
DOXYCYCLINE	<0.35	IU/mL	<0.35
PHOSPHOMYCIN	<0.35	IU/mL	<0.35
CLOXACILLIN	<0.35	IU/mL	<0.35
NEOMYCIN	<0.35	IU/mL	<0.35
CIPROFLOXACIN , HAS	<0.35	IU/mL	<0.35
OXACILLIN	<0.35	IU/mL	<0.35
OFLOXACIN	<0.35	IU/mL	<0.35
CHLORAMPHENICOL	<0.35	IU/mL	<0.35
METRONIDAZOLE	<0.35	IU/mL	<0.35
CLARITHROMYCIN	<0.35	IU/mL	<0.35
NORFLOXACIN , HAS	<0.35	IU/mL	<0.35
AZITHROMYCIN	<0.35	IU/mL	<0.35
AMPICILLIN, HAS	<0.35	IU/mL	<0.35
AMOXICILLIN, HAS	<0.35	IU/mL	<0.35
TETRACYCLINE, HAS	<0.35	IU/mL	<0.35
CEPHALOSPORIN, HAS	<0.35	IU/mL	<0.35
GENTAMYCIN, HAS	<0.35	IU/mL	<0.35
ERYTHROMYCIN, HAS	<0.35	IU/mL	<0.35
STREPTOMYCIN, HAS	<0.35	IU/mL	<0.35
RIFAMPICIN, HAS	<0.35	IU/mL	<0.35
GELATIN	<0.35	IU/mL	<0.35
THEOPHYLLINE	<0.35	IU/mL	<0.35
AMBROXOL	<0.35	IU/mL	<0.35



Dr. Dummy



Booking Centre :- DEMO PARTNER CHENNAI, DEMO PARTNER CHENNAI

Processing Lab :-

 928-909-0609 ccsupport@redcliffelabs.com www.redcliffelabs.com

All Lab results are subject to clinical interpretation by qualified medical professional and this report is not subject to use for any medico-legal purpose.

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BROMHEXINE	<0.35	IU/mL	<0.35
PYRIDOXINE	<0.35	IU/mL	<0.35
THIAMINE (VITAMIN B1)	<0.35	IU/mL	<0.35
COBALAMIN (VITAMIN B12)	<0.35	IU/mL	<0.35
ASCORBIC ACID (VITAMIN C)	<0.35	IU/mL	<0.35
ACETYLCYSTEINE	<0.35	IU/mL	<0.35

INTERPRETATION

IgE takes part in occurrence and progress of allergic reactions. On binding allergens, these antibodies obtain an ability to initiate release of a range of vasoactive substances from leucocytes, which define development of allergic symptoms. Definition and quantitative measurement of free allergen-specific IgE concentration have a great importance for diagnosis of allergic diseases and selection of an adequate therapy. Assay results need to be correlated clinically.

Concentration of IgE, IU/mL	Class	Level of the specific IgE
< 0.36	0	Clinically insignificant
0.36 - 0.71	1	Very Low
0.72 - 3.59	2	Low
3.60 - 17.99	3	Medium
18.00 - 49.99	4	High
50.00 - 100	5	Very high
> 100	6	Extremely high

LIMITATION OF THE TEST

A negative result against antibiotics (penicillin G, penicillin V, cephalosporin, ampicillin and amoxicillin) doesn't exclude presence of a clinical hypersensitivity to these allergens. This result can be explained by initiation of the allergic reaction that takes place without participation of IgE antibodies or a wrong choice of blood sampling time (before the increase of specific IgE concentration in blood or after their concentration decrease). A negative result of specific IgE assay against food-borne allergens and bites of venomous insects doesn't exclude possibility of occurrence of allergy to these allergens.

If concentration of total IgE in blood serum is higher than 1000 IU/mL, measured concentrations of allergen-specific IgE may be slightly lower than the real values. It should be noted that IgE specific to certain allergens can bind other allergens with the same structure (e.g. birch pollen, nuts, meadow grass, tomato, ambrosia and melon etc.). This can happen in case of common antigenic determinants in allergens of different nature. These facts should be taken into account when the assay results are evaluated

*** End Of Report ***

Disclaimer: Method given in report are only indicative and can be changed depending upon type of machine and kit available at time of testing.

Not all tests at all locations are under NABL scope. Availability of tests under NABL scope varies from lab to lab.



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