Patient NAME	:		
DOB/Age/Gender	:	Report STATUS	:
Patient ID / UHID	:	Barcode NO	:
Referred BY	:	Sample Type	:
Sample Collected	:	Report Date	:

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

Bad Obstetric History (BOH) Profile- Basic

Lupus Anticoagulant

Patient Value	33.2	sec	33.1-45.1
Control value	39.1	sec	
Screen Ratio	0.85		<1.20
DRVVT Screening	Negative		

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. Neha Prabhakar
MBBS, MD(Pathology)

Patient NAME :			
DOB/Age/Gender :		Report STATUS :	
Patient ID / UHID :		Barcode NO :	
Referred BY :		Sample Type :	
Sample Collected :		Report Date :	

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

Dr. Neha Prabhakar
MBBS, MD(Pathology)

Patient NAME	:		
DOB/Age/Gender	:	Report STATUS	:
Patient ID / UHID	:	Barcode NO	:
Referred BY	:	Sample Type	:
Sample Collected	:	Report Date	:

MC-6502

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

TSH 3rd Generation

Thyroid Stimulating Hormone (Ultrasensitive) *CMIA*	1.474	µlU/mL	0.35 - 4.94

Interpretation:

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

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

Clinical Use:
- Diagnose Hypothyroidism and Hyperthyroidism
- Monitor T4 replacement or T4 suppressive therapy
- Qunatify TSH levels in the subnormal range

Increased Levels : Primary hypothyroidism, Subclinical hypothyroidis, TSH dependent Hyperthyroidism, Thyroid hormone resistance
Decreased Levels: Grace disease, Autonomous thyroid hormone secretion, TSH deficiency

Dr. ShashiKant D.
MD Pathologist

Patient NAME	:		
DOB/Age/Gender	:	Report STATUS	:
Patient ID / UHID	:	Barcode NO	:
Referred BY	:	Sample Type	:
Sample Collected	:	Report Date	:

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

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

Anti Nuclear Antibody by IFA	Negative		Negative

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
	Nuclear Membrane	Lamins, gp210, p62	CFS,Collagenoses,PBC,AIH
Nucleolus	Nucleolar homogeneous	PM-Scl Scl-70	PM, DM, PSS(Diffuse) PSS(Diffuse)

Nitin

Dr. Nitin Arora
MBBS,MD (Microbiology)

Patient NAME	:		
DOB/Age/Gender	:	Report STATUS	:
Patient ID / UHID	:	Barcode NO	:
Referred BY	:	Sample Type	:
Sample Collected	:	Report Date	:

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

Nitin

Dr. Nitin Arora
MBBS,MD (Microbiology)

Patient NAME	:		
DOB/Age/Gender	:	Report STATUS	:
Patient ID / UHID	:	Barcode NO	:
Referred BY	:	Sample Type	:
Sample Collected	:	Report Date	:

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

Anti Cardiolipin IgA Antibodies

Cardiolipin Antibody ACL-IgA *(Serum,EIA)*	0.10	Index	Negative: < 0.9 Equivocal: 0.9-1.1 Positive: > 1.1

Interpretation:
The systemic autoimmune disorder which causes recurrent vascular thrombosis and pregnancy losses is Anti- phospholipid syndrome (APS). The pathogenesis of APS is production of auto antibodies to phospholipid protein. Anti-phospholipid syndrome is detected either by a positive Anti-Cardiolipin antibody (aCL) or lupus anticoagulant test. APS may be either primary or secondary; when APS is present in patients without any underlying clinical illness it is primary. Secondary APS occurs in patients with systemic lupus erythematosus (SLE) or any other underlying autoimmune disease. The symptoms are observed by disturbing balance between procoagulant and anticoagulant factors and disruption of the clotting mechanism by the antiphospholipid antibodies (APLA) leading to leg ulcers, toe gangrene, myocardial infarction, purpura, stroke, recurrent miscarriage or preterm births. The autoantibodies are present in 50% of patients with SLE and 1-5% of the general population. The antiphospholipid antibodies are found in serum in 1% of healthy persons and 3% of older age group. Though APS can involve in any age group, the target group is young to middle aged adults.

Nitin

Dr. Nitin Arora
MBBS,MD (Microbiology)

Patient NAME	:		
DOB/Age/Gender	:	Report STATUS	:
Patient ID / UHID	:	Barcode NO	:
Referred BY	:	Sample Type	:
Sample Collected	:	Report Date	:

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

Anti Cardiolipin IgG Antibodies

Cardiolipin Antibody ACL- IgG *(Serum,EIA)*	<3.0	GPLU/ml	< 12.0 GPLU/ml

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.

Anti Cardiolipin IgM Antibodies

Cardiolipin AntibodyACL- IgM *(Serum,EIA)*	<3.0	MPLU/ml	< 12.0

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.

Nitin

Dr. Nitin Arora
MBBS,MD (Microbiology)

Patient NAME	:		
DOB/Age/Gender	:	Report STATUS	:
Patient ID / UHID	:	Barcode NO	:
Referred BY	:	Sample Type	:
Sample Collected	:	Report Date	:

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

Anti Phospholipid IgG Antibodies

PHOSPHOLIPID ANTIBODY, IgG, SERUM *(EIA)*	0.87	U/mL	<12.00

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.

Anti Phospholipid IgM Antibodies

PHOSPHOLIPID ANTIBODY, IgM, SERUM *(EIA)*	1.69	U/mL	<12.00

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.

*** End Of Report ***

Nitin

Dr. Nitin Arora
MBBS,MD (Microbiology)

Terms and Conditions of Reporting

1. The presented findings in the Reports are intended solely for informational and interpretational purposes by the referring physician or other qualified medical professionals possessing a comprehensive understanding of reporting units, reference ranges, and technological limitations. The laboratory shall not be held liable for any interpretation or misinterpretation of the results, nor for any consequential or incidental damages arising from such interpretation.

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.

4. This report shall not be deemed valid or admissible for any medico-legal purposes.

5. The Customers assume full responsibility for apprising the Company of any factors that may impact the test finding. These factors, among others, includes dietary intake, alcohol, or medication / drug(s) consumption, or fasting. This list of factors is only representative and not exhaustive.