LABORATORY REPORT

Redcliffe labs

Patient Name	: **Mr MR.DUMMY**		
DOB/Age/Gender	: 23 Y/Male	Sample Collected	: Apr 26, 2024, 01:00 PM
Patient ID / UHID	: 8052328/RCL7248809	Report Date	: May 25, 2024, 12:59 PM.
Referred By	: Dr. Dr. X	Barcode No	: SI484869
Sample Type	: Serum	Report Status	: Final Report

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

Galactomannan (Aspergillus Antigen)

GALACTOMANNAN (ASPERGILLUS ANTIGEN) *EIA*	**0.55**	Index	<0.50

Interpretation:

Result In index	Remarks
<0.50	Negative
≥0.50	Positive

Note

1. A single positive test must be confirmed by 2 or more consecutive positive results from separately drawn specimens.
2. A negative test does not rule out the diagnosis of Invasive Aspergillosis. Patients at risk should be tested twice a week for early detection of the disease.
3. False positive results can be seen with other fungi such as Penicillium, Paecilomyces, Alternaria , Geotrichum and Histoplasma, in young children and in all patients with an altered intestinal barrier due to presence of galactomannan in various foods particularly cereals, pasta, rice, cereal products and cream desserts, in patients receiving semisynthetic antibiotics such as Piperacillin, Amoxicillin and Amoxy-clav.
4. False-negative results can beseen in patients with Chronic Granulomatous Disease & Job's Syndrome and with concomitant use of anti-fungal therapy in some patients with Invasive Aspergillosis.
5. This assay should be used in conjunction with other diagnostic procedures such as microbiological culture, histological examination of biopsy samples and radiographic evidence to diagnose Invasive Aspergillosis.

Comments

Galactomannan (GM) is a polysaccharide component of the Aspergillus cell wall released from growing hyphae. Serum galactomannan can often be detected between 7 to 14 days before other diagnostic clues become apparent. Monitoring of galactomannan levels can potentially allow initiation of presumptive antifungal therapy before life-threatening infection occurs. The test aids in the diagnosis of Invasive Aspergillosis (IA) and assesses response to therapy. Invasive Aspergillosis is reported in 5-20% of cases with prolonged neutropenia, post transplantation and in patients on immunosuppressive therapy. It has a high mortality rate of 50-80% and approximately 30% cases remain undiagnosed and untreated .

*** 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.

Prof. Ashok Rattan
MD (Microbiology), MAMS

Dr. Monika Singh
M.D. (Microbiology)
Consultant Microbiologist

Booking Centre :- DEMO PARTNER CHENNAI, DEMO PARTNER CHENNAI
Processing Lab :-

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