

Patient Name	: Mr MR.DUMMY	Sample Collected	: Apr 26, 2024, 01:00 PM.
DOB/Age/Gender	: 23 Y/Male	Report Date	: May 09, 2024,01:11 PM.
Patient ID / UHID	: 8052517/RCL7249007	Barcode No	: ZC665926
Referred By	: Dr. X	Report Status	: Final Report
Sample Type	: CSF		

**Oligoclonal Band, CSF & Serum**

<b>Oligoclonal band,CSF</b>		
<b>CSF Pattern</b> (CSF,Electrophoresis)	BANDS PRESENT >10	NO BAND
<b>Serum Pattern</b> (Serum,Electrophoresis)	BAND ABSENT	NO BAND
<b>Interpretation</b> (Serum)	OLIGOCLONAL BANDS PRESENT IN CSF. SUGGESTIVE OF INTRATHECAL IgG SYNTHESIS.	

**Method:**  
Isoelectric Focusing

**Note:**  
To assure comparative interpretation, it is imperative that the CSF and serum sample must be collected at the same time, from the same patient.

**Interpretation:**  
The intrathecal synthesis, within the central nervous system (CNS) is indicated by the presence of IgG band in the immunofixation pattern of CSF that are not in the serum pattern from the same patient.

It should be noted that the number of bands in the oligoclonal patterns does not correlate with the diagnosis of the disease nor with its severity and prognosis.

**5 patterns are defined as follows :-**

1. No bands seen in CSF and serum :- Normal pattern
2. Oligoclonal band in CSF unrepresented in serum :- Intrathecal synthesis
3. Oligoclonal band in CSF and serum but numerous bands in CSF :- Intrathecal synthesis
4. Same oligoclonal bands in CSF and serum (mirror pattern) :- No intrathecal synthesis
5. Same monoclonal component in CSF and serum (split in several bands by IEF procedure ) :- No intrathecal synthesis

Observed CSF OCB pattern with corresponding absence in serum.	Suggested Interpretation & disease association
More than 10 bands	Highly specific(99%) for MS. But only 46% of MS show this classical pattern.
Between 3 to 10 bands	Associated with specificity(96%) & sensitivity (85%) for MS
1 to 3 bands	About one third of patients- often evolve into classical pattern of MS; While the remaining are often associated with other nondemyelinating conditions & often revert to normal on follow up

**Reference**

- Freedman MS et al. Recommended standard of cerebrospinal fluid analysis in the diagnosis of multiple sclerosis: a consensus statement. Arch Neurol 2005;62(6):86 5-70
- Davies G et al. The clinical significance of an intrathecal monoclonal immunoglobulin band: A follow-up study. Neurology 2003; 60(7):11 63-6.

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



**Dr. Dummy**



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

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