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	: 8052585/RCL7249179	Report Date	: May 25, 2024, 11:57 AM.
Referred By	: Dr. Dr. X	Barcode No	: SI484600
Sample Type	: Serum	Report Status	: Final Report

Torch Panel IgG & IgM (10 Parameters)

Test Description	Value(s)	Unit(s)	Reference Range
Toxoplasma IgG *CLIA*	0.001	IU/mL	Non-Reactive <0.81 IU/mL Equivocal 0.81 - 1.2 IU/mL Reactive >1.2 IU/mL
Toxoplasma IgM *CLIA*	0.001	AU/mL	Non-Reactive <6 AU/mL Equivocal 6 - 10 AU/mL Reactive >10 AU/mL
Rubella IgG *CLIA*	**21.929**	IU/mL	Non-Reactive <5 IU/mL Equivocal 5 - 10 IU/mL Reactive >10 IU/mL
Rubella IgM *CLIA*	0.272	AU/mL	Non-Reactive <5 AU/mL Equivocal 5 - 10 AU/mL Reactive >10.0 AU/mL
Cytomegalovirus, IgG *CLIA*	**>1000**	AU/mL	Non-Reactive <10 AU/mL Equivocal 10 - 14 AU/mL Reactive >14 AU/mL
Cytomegalovirus ,IgM *CLIA*	0.001	AU/mL	Non-Reactive <8 AU/mL Equivocal 8 - 12 AU/mL Reactive >12 AU/mL
Herpes simplex virus-1 IgG *CLIA*	1.292	AU/mL	Non-Reactive <14 AU/mL Equivocal 14 - 19 AU/mL Reactive >19 AU/mL
Herpes simplex virus-1 IgM *CLIA*	0.002	AU/mL	Non-Reactive <6 AU/mL Equivocal 6 - 10 AU/mL Reactive >10 AU/mL
Herpes simplex virus-2 IgG *CLIA*	1.828	AU/mL	Non-Reactive <9 AU/mL Equivocal 9 - 13 AU/mL Reactive >13 AU/mL
Herpes simplex virus-2 IgM *CLIA*	0.282	AU/mL	Non-Reactive <6 AU/mL Equivocal 6 - 10 AU/mL Reactive >10 AU/mL

Interpretation:

TORCH IgG

1. 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.
2. Equivocal results should be re-tested in 10-14 days.
3. Negative result indicates person has not been exposed to TORCH in the past. Pregnant females with negative TORCH specific IgG antibodies are considered at risk of transmission of infection to fetus. 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.
4. To differentiate between recent and past infection, Toxoplasma, Rubella & CMV IgG avidity test is indicated.
5. Demonstration of rising antibody titer (four folds) in acute and convalescent sera taken 2-3 weeks apart are indicative of TORCH infection.
6. 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.

TORCH IgM

1. Positive result for TORCH IgM indicates possible acute infection with TORCH. False positive reaction due to rheumatoid factor and

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persistence of positive IgM (except Herpes Simplex virus) for upto 2 years is not uncommon.
2. An equivocal result requires repeat testing in 10-14 days.
3. 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.
4. The diagnosis should not be established on the basis of single test and the results should be interpreted in conjunction with clinical findings.
5. The magnitude of the measured result is not indicative of the amount of antibody present.

Comments

Perinatal infections account for 2-3% of all congenital anomalies. TORCH which includes Toxoplasma, Rubella, Cytomegalovirus & Herpes Simplex virus, are some of the most common infections associated with Congenital anomalies. Most of the TORCH infections cause mild maternal morbidity but have serious fetal consequences. Reliable recognition of acute infection is highly important in pregnant women. IgM-positive result alone does not accurately predict the risk of fetal infection; a positive IgM test should therefore beconsidered only as a starting point and a more thorough diagnostic evaluation is necessary to determine whether there is a risk of fetal infection. Primary CMV infection may result in establishment of persistent or latent infection. In man the infection is usually asymptomatic. Infections can be acquired through direct contact with individuals shedding the virus. Once HSV infection occurs, it persists in a latent state in sensory ganglia from where it may re-emerge to cause periodic recurrence of infection induced by many stimuli, which may or may not result in clinical lesions. Demonstration of Toxoplasma IgG in the serum of person with eye lesion helps in diagnosing ocular toxoplasmosis while persistent or increasing IgG antibody levels in the infant compared with the mother and/or positive result of Toxoplasma specific IgM or IgA are diagnostic of Congenital toxoplasmosis. Demonstration of rising antibody titer (four folds) in acute and convalescent sera taken 2-3 weeks apart are indicative of postnatal Rubella infection and to check response to Rubella vaccination. Single test results of CMV IgG are useful in screening organ transplant recipients and donors before transplantation and donors of blood products that are to be administered to premature infants and bone marrow transplant patients. Positive result of HSV (1+2) IgG indicates past infection with Herpes Simplex virus or administration of HSV immunoglobulins. Reliable recognition of acute infection is highly important in pregnant women. IgM-positive result alone does not accurately predict the risk of fetal infection; a positive IgM test should therefore be considered only as a starting point and a more thorough diagnostic evaluation is necessary to determine whether there is a risk of fetal infection.
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*** 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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