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 Chairman & Consultant Pathologist

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<b>NAME</b>	: Mrs. SUMITRA VERMA	<b>PATIENT ID</b>	: 1585636
<b>AGE/ GENDER</b>	: 60 YRS/FEMALE	<b>REG. NO./LAB NO.</b>	: 012408200050
<b>COLLECTED BY</b>	:	<b>REGISTRATION DATE</b>	: 20/Aug/2024 02:59 PM
<b>REFERRED BY</b>	:	<b>COLLECTION DATE</b>	: 20/Aug/2024 03:09PM
<b>BARCODE NO.</b>	: 01515378	<b>REPORTING DATE</b>	: 21/Aug/2024 07:58AM
<b>CLIENT CODE.</b>	: KOS DIAGNOSTIC LAB		
<b>CLIENT ADDRESS</b>	: 6349/1, NICHOLSON ROAD, AMBALA CANTT		

Test Name	Value	Unit	Biological Reference interval
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### IMMUNOPATHOLOGY/SEROLOGY

#### ANTI NUCLEAR ANTIBODY/FACTOR (ANA/ANF)

ANTI NUCLEUR ANTIBODIES (ANA): SERUM by ELISA (ENZYME LINKED IMMUNOASSAY)	0.68	INDEX VALUE	NEGATIVE: < 1.0 BORDERLINE: 1.0 - 1.20 POSITIVE: > 1.20
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#### INTERPRETATION:-

- 1.For diagnostic purposes, ANA value should be used as an adjuvant to other clinical and laboratory data available.
- 2.Measurement of antinuclear antibodies (ANAs) in serum is the most commonly performed screening test for patients suspected of having a systemic rheumatic disease, also referred to as connective tissue disease.
- 3.ANAs occur in patients with a variety of autoimmune diseases, both systemic and organ-specific. They are particularly common in the systemic rheumatic diseases, which include lupus erythematosus (LE), discoid LE, drug-induced LE, mixed connective tissue disease, Sjogren syndrome, scleroderma (systemic sclerosis), CREST (calcinosis, Raynaud's phenomenon, esophageal dysmotility, sclerodactyly, telangiectasia) syndrome, polymyositis/dermatomyositis, and rheumatoid arthritis.

#### NOTE:

- 1.The diagnosis of a systemic rheumatic disease is based primarily on the presence of compatible clinical signs and symptoms. The results of tests for autoantibodies including ANA and specific autoantibodies are ancillary. Additional diagnostic criteria include consistent histopathology or specific radiographic findings. Although individual systemic rheumatic diseases are relatively uncommon, a great many patients present with clinical findings that are compatible with a systemic rheumatic disease ANA screening may be useful for ruling out the disease.
- 2.Secondary, disease specific auto antibodies maybe ordered for patients who are screen positive as ancillary aids for the diagnosis of specific auto-immune disorders.



  
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<b>REFERRED BY</b>	:	<b>COLLECTION DATE</b>	: 20/Aug/2024 03:09PM
<b>BARCODE NO.</b>	: 01515378	<b>REPORTING DATE</b>	: 22/Aug/2024 11:28AM
<b>CLIENT CODE.</b>	: KOS DIAGNOSTIC LAB		
<b>CLIENT ADDRESS</b>	: 6349/1, NICHOLSON ROAD, AMBALA CANTT		

Test Name	Value	Unit	Biological Reference interval
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### MOLECULAR PATHOLOGY

#### HUMAN LEUKOCYTE ANTIGEN (HLA)-B27 QUALITATIVE: RT- PCR

HUMAN LEUKOCYTE ANTIGEN (HLA)-B27 PCR      NEGATIVE (-ve)

by RT-PCR (REAL TIME-POLYMERASE CHAIN REACTION)

#### INTERPRETATION:

- 1.HLA B-27 is a major histocompatibility complex (MHC) class I molecule. MHC class I molecules are cell surface glycoproteins that are expressed on most nucleated human cells and platelets.
- 2.HLA molecules can be divided into HLA Class I and Class II.
- 3.The presence of HLA-27 antigen is strongly associated with ankylosing spondylitis (AS), a chronic inflammatory disease of the axial musculoskeletal system and a few other rheumatic disorders (Reiter's syndrome, acute anterior uveitis and inflammatory bowel disease).
- 4.HLA-B27 testing is routinely used to screen for AS since 90% of patients with AS have the HLA-B27 surface antigen compared to only 8% of healthy individuals.
- 5.Correlation with clinical and other hematological parameters is advised.

#### NOTE:

Extraction Done on US FDA Approved Fully Automated Extraction system & CE IVD Approved RT-PCR System & Kits

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



  
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