Dr. Vinay Chopra
MD (Pathology & Microbiology)
Chairman & Consultant Pathologist

Dr. Yugam Chopra
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CEO & Consultant Pathologist

NAME	**: Baby. AVIETTA AGGARWAL**		
AGE/ GENDER	: 2 YRS/FEMALE	**PATIENT ID**	: 1638737
COLLECTED BY	: SURJESH	**REG. NO./LAB NO.**	**: 012410090035**
REFERRED BY	: CENTRAL PHOENIX CLUB (AMBALA CANTT)	**REGISTRATION DATE**	: 09/Oct/2024 10:58 AM
BARCODE NO.	: 01518592	**COLLECTION DATE**	: 09/Oct/2024 11:09AM
CLIENT CODE.	: KOS DIAGNOSTIC LAB	**REPORTING DATE**	: 15/Oct/2024 03:25PM
CLIENT ADDRESS	: 6349/1, NICHOLSON ROAD, AMBALA CANTT		

Test Name	Value	Unit	Biological Reference interval

ALLERGY/IMMUNOPATHOLOGY

ALLERGY SCREENING: PHADIATOP CHILDREN (< 5 YEARS) WITH TOTAL IgE

PHADIATOP ALLERGEN SCREENING - CHILDREN: SERUM	0.02	PUA/l	<0.35
by IMMUNOCAP, FEIA (FLUOROSCENCE ENZYME IMMUNOASSAY)			
IMMUNOGLOBIN-E (IgE): SERUM	25.74	IU/mL	0.00 - 60.0
by CLIA (CHEMILUMINESCENCE IMMUNOASSAY)			

INTERPRETATION

REFERENCE RANGE IN PAU/L	RESULT	REMARKS
< 0.35	NEGATIVE	Indicates that symptoms are not caused by common environmental allergens. May require further testing.
>= 0.35	POSITIVE	Indicates that patient is atopic. Higher values indicate higher degree of sensitization to common inhalant allergens.

PHADIATOP

1. Phadiatop Adult is a multi allergen screening semi quantitative test for the detection of IgE antibodies and has wellbalanced mixture of common inhalant allergens utilizing cross-sensitizing & co-sensitizing allergen groups (Recommended for age 5 years and above).
2. Atopy is a personal and / or familial tendency usually in childhood or adolescence to become sensitized and produce IgE antibodies in response to ordinary exposure to allergens. As a consequence these individuals can develop typical symptoms of Asthma, Rhinoconjunctivitis or Eczema.
3. This test differentiates between atopic & non-atopic diseases and comprises a balanced mixture of relevant allergens that react with specific IgE antibodies in the patient serum. All positive results warrant more specific testing to identify the causative allergens

GENETIC FACTORS IN THE DEVELOPMENT OF ALLERGIC DISEASE

FAMILY HISTORY OF ALLERGIC DISEASE	PERCENTAGE RISK
No family member allergic	5 - 15
One sibling allergic	25 - 35
One parent allergic	20 - 40
Both parents allergic	40 - 60
Both parents allergic with same symptoms	50 - 70

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IMMUNOGLOBIN E (IgE):

1. IgE antibodies mediate allergic diseases by sensitizing mast cells and basophils to release histamine and other inflammatory mediators on exposure to allergens.
2. Total IgE is represents the sum of all the specific IgE, which inturn includes many groups of specific IgE & allergen specific IgE is just one such group amongst them.
3. Total IgE determination constitutes a screening method of atopic diseases, although within range values of total IgE do not exclude the existence of atopy and high values of total IgE are not pathognomonic of atopy by themselves.
4. Antigen-specific IgE is the next step in the in vitro identification of the responsible allergen. There are more than 400 characterized known allergens available for in vitro diagnostic tests and testing to be selected based on symptoms, clinical & environmental details.
5. In adults, Total IgE values between 100 to 1000 UI/ml may not correlate with allergen specific IgE, where the patients may be just sensitized to different allergen or often the cause for high IgE could be non-atopic.
6. Specific IgE results obtained with the different methods vary significantly, hence follow up testing to be performed using one laboratory only.
7. The probability of finding an increased level of IgE in serum in a patient with allergic disease varies directly with the number of different allergens to which the patient is sensitized.
8. A normal level of IgE in serum does not eliminate the possibility of allergic disease; this occurs if there is sensitivity to a limited number of allergens and limited end organ involvement.

INCREASED LEVELS

1. Atopic/Non-atopic allergy
2. Hyper IgE syndrome
3. Parasitic infections
4. IgE Myeloma
5. Pulmonary Aspergillosis
6. Immunodeficiency states & Autoimmune diseases

USES:

1. Evaluation of children with strong family history of allergies and early clinical signs of disease
2. Evaluation of children and adults suspected of having allergic respiratory disease to establish the diagnosis and define the allergens
3. To confirm clinical expression of sensitivity to foods in patients with Anaphylactic sensitivity or with Asthma, Angioedema or Cutaneous disease
4. To evaluate sensitivity to insect venom allergens particularly as an aid in defining venom specificity in those cases in which skin tests are equivocal
5. To confirm the presence of IgE antibodies to certain occupational allergens

NOTE:

1. Normal levels of IgE do not rule out possibility of IgE dependent allergies as the diagnostic sensitivity of the test depends upon elapsed time between exposure to an allergen and testing, patient age and affected target organs
2. No close correlation has been demonstrated between severity of allergic reaction and IgE levels.

*** End Of Report ***

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