



LABORATORY REPORT

NAME	: MR.PR0334	REFERRED BY	: SELF	VISIT NO	: VAMP26147896
AGE	: 40Y 0M 0D	ZERO TARIFF CLIENT CODE		COLLECTED ON	: 21-04-2026 10:00
GENDER	: Male	LAB MR#	: AAMP01479175	RECEIVED ON	: 21-04-2026 18:08
OP / IP / DG #	:			APPROVED ON	: 22-04-2026 19:57
				REPORT STATUS	: Final Report



Test Name	Result	Biological Ref. Interval	Unit
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Anti Cardiolipin Profile (Iga+Igg+Igm) Quantitative

SEROLOGY AND IMMUNOLOGY

Anti Cardiolipin Ab IgG (Serum)

Anti Cardiolipin Ab IgG ELISA	2.30	<=12.00 : Negative 12 - 18: Equivocal >18.00 : Positive	GPL/ml
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Interpretation:

This assay is an aid in the diagnosis and risk estimation of thrombosis in patients with systemic lupus erythematosus(SLE).Elevated cardiolipin antibodies (aCL) are seen in antiphospholipid syndrome (APS), > 20% of patients with SLE, 40-46% patients of rheumatoid arthritis, 50% of AIDS patients, patients with viral, bacterial, protozoan infections and malignancies. Medications including quinidine, procainamide, chlorpromazine, phenytoin, and many antibiotics have been associated with increased aCL levels. A diagnosis of Antiphospholipid syndrome (APS) is clinched if at least one clinical criterion and one laboratory criterion are present.Clinical criteria include: 1) vascular thrombosis (arterial, venous, small vessel) 2) pregnancy morbidities with fetal loss. Laboratory criteria: Episodes must occur on 2 or more occasions, at least 12 weeks apart and include Lupus anticoagulant detected in plasma. A diagnosis of APS is discouraged if less than 12 weeks or more than 5 years separates the positive laboratory and clinical criteria. Anticardiolipin antibodies may occur following acute bacterial or viral infections and in syphilis. Patients with such a history, who test positive, should be retested in 6-8 weeks to exclude transient antibodies that are usually not clinically significant

Anti Cardiolipin Ab IgM (Serum)

Anti Cardiolipin Ab IgM ELISA	5.60	<=15.00 : Negative >15.00 : Positive	MPL/ml
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Interpretation:

This assay is an aid in the diagnosis and risk estimation of thrombosis in patients with systemic lupus erythematosus(SLE).Elevated cardiolipin antibodies (aCL) are seen in antiphospholipid syndrome (APS), > 20% of patients with SLE, 40-46% patients of rheumatoid arthritis, 50% of AIDS patients, patients with viral, bacterial, protozoan infections and malignancies. Medications including quinidine, procainamide, chlorpromazine, phenytoin, and many antibiotics have been associated with increased aCL levels. A diagnosis of Antiphospholipid syndrome (APS) is clinched if at least one clinical criterion and one laboratory criterion are present.Clinical criteria include: 1)





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Anti Cardiolipin Antibody IgA (Serum)

Anti Cardiolipin Antibody IgA ELISA	4.30	<12 : Negative 12-18 : Equivocal >18 : Positive	U/ml
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Interpretation:

The assay is an aid in the diagnosis and risk estimation of thrombosis in patients with systemic lupus erythematosus(SLE). Elevated cardiolipin antibodies (aCL) are seen in antiphospholipid syndrome (APS), > 20% of patients with SLE, 40-46% with rheumatoid arthritis, 50% of AIDS patients, patients with viral, bacterial, protozoan infections and malignancies. Medications including quinidine, procainamide, chlorpromazine, phenytoin, and many antibiotics have been associated with increased aCL levels. According to the most recent international consensus statement, the Antiphospholipid syndrome (APS) is present if at least one clinical criterion and one laboratory criterion are present. Clinical criteria include: 1) vascular thrombosis (arterial, venous, small vessel) 2) pregnancy morbidities with foetal loss. Laboratory criteria: Episodes must occur on 2 or more occasions, at least 12 weeks apart and include 1. Anti cardiolipin antibodies positive with IgG >40 GPL and or IgM >40 MPL 2. Lupus anticoagulant detected in plasma. A diagnosis of APS is discouraged if less than 12 weeks or more than 5 years separates the positive laboratory and clinical criteria. Anticardiolipin antibodies may occur following acute bacterial or viral infections and in syphilis. Patients with such a history, who test positive, should be retested in 6-8 weeks to exclude transient antibodies that are usually not clinically significant.

Dr. G. Amitha
MBBS, MD (MICROBIOLOGY)
Consultant Microbiologist

Disclaimer:

- All results released pertain to the specimen as received by the lab for testing and under the assumption that the patient indicated or identified on the bill/test requisition form is the owner of the specimen.
- Clinical details and consent forms, especially in Genetic testing, histopathology, as well as wherever applicable, are mandatory to be accompanied with the test requisition form. The non-availability of such information may lead to delay in reporting as well as misinterpretation of test results. The lab will not be responsible for any such delays or misinterpretations

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This is an electronically authenticated laboratory report.

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Sin No: 20385193



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thereof.

3. Test results are dependent on the quality of the sample received by the lab. In case the samples are preprocessed elsewhere (e.g., paraffin blocks), results may be compromised.
4. Tests are performed as per the schedule given in the test listing and in any unforeseen circumstances, report delivery may be affected.
5. Test results may show inter-laboratory as well as intra-laboratory variations as per the acceptable norms.
6. Genetic reports as well as reports of other tests should be correlated with clinical details and other available test reports by a qualified medical practitioner. Genetic counselling is advised in genetic test reports by a qualified genetic counsellor, medical practitioner or both.
7. Samples will be discarded post processing after a specified period as per the laboratory's retention policy. Kindly get in touch with the lab for more information.
8. If accidental damage, loss, or destruction of the specimen is not attributable to any direct or negligent act or omission on the part of Ampath Labs or its employees, Ampath shall in no event be liable. Ampath lab's liability for a lack of services, or other mistakes and omissions, shall be restricted to the amount of the patient's payment for the pertinent laboratory services.

