AMPATH
Central Reference Labor
Door No. 1-100/1/CCH N
Serilingampally
Hyderabad

MC-2751

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ACCURATE DIAGNOSTICS, AMERICAN STANDARDS.

LABORATORY REPORT

NAME	**: MR.PR0076**	REFERRED BY	: SELF	VISIT NO	: VAMP26148284
AGE	: 40Y 0M 0D	ZERO TARIFF CLIENT CODE		COLLECTED ON	: 21-04-2026 10:00
GENDER	: Male	**LAB MR#**	**: AAMP01479563**	RECEIVED ON	: 21-04-2026 18:06
OP / IP / DG #	:			APPROVED ON	: 21-04-2026 21:29
				REPORT STATUS	: Final Report

Test Name	Result	Biological Ref. Interval	Unit
Torch Igg And Igm - 10 Parameter			
SEROLOGY AND IMMUNOLOGY			
Toxoplasma gondii IgG Antibody *(Serum)*			
Toxoplasma gondii IgG *CLIA*	3.20	Negative : < 7.2 IU/ml Equivocal : 7.2 – 8.8 IU/ml Positive : > 8.8 IU/ml	IU/mL

Interpretation:

Equivocal results may contain low levels of IgG. In such cases it is recommended to test for IgM antibody and / or a second sample to be tested for IgG antibody after 2 weeks

Cysts containing trophozoites of Toxoplasma form in the tissues and can persist for years. Acute or previous infections can therefore only be identified serologically. Depending on the organ manifestation, the symptoms of the disease include fever, lymphadenopathy, encephalitis, chorioretinitis, myositis, myocaditis, pneumonia, hepatosplenomegaly and exanthema. In immunocompromised patients (recipients of transplants, tumour patients, HIV -infected patients), a primary infection with Toxoplasma or the reactivation of a toxoplasmosis can lead to the life-threatening illness. Transplacental transmission can occur in neonates and the severity of Congenital toxoplasmosis is greatest when maternal infection is acquired during early pregnancy.
Toxoplasma IgG antibodies do not distinguish between recent and past infection. IgM antibodies are detected in cases of recent infection, but may persist upto 18 months post infection. To differentiate between recent and past infection, IgG avidity test is recommended. High avidity index is a strong indicator that infection occurred more than 4 months back.

Toxoplasma gondii IgM Antibody *(Serum)*			
Toxoplasma gondii IgM *CLIA*	1.20	Negative : < 6 AU/ml Equivocal : 6-8 AU/ml Positive : > 8 AU/ml	AU/mL

Interpretation:

Note: 1. Reactive result indicates past or acute infection with Toxoplasma gondii as the IgM antibodies can persist upto 18 months post infection. 2. To differentiate between recent and past infection, Toxoplasma IgG test is recommended and if positive, an IgG avidity test is required. High avidity index is a strong indicator that infection occurred more than 4 months back.

Cysts containing trophozoites of Toxoplasma form in the tissues and can persist for years. Acute or previous infections can therefore only be identified serologically. Depending on the organ manifestation, the symptoms of the manifest disease include fever, lymphadenopathy, encephalitis, chorioretinitis, myositis, myocaditis, pneumonia, hepatosplenomegaly and exanthema. In immunocompromised patients (recipients of transplants, tumour patients, HIV - infected patients), a primary infection with Toxoplasma or the reactivation of a toxoplasmosis can lead to the life-threatening illness. Transplacental transmission can occur in neonates and the severity of congenital Toxoplasmosis is greatest when maternal infection is acquired during early pregnancy.

Rubella virus IgG Antibody *(Serum)*

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Torch Igg And Igm - 10 Parameter			
Rubella virus IgG *CLIA*	4.20	Negative : < 7 Borderline : 7 – 10 Positive : > 10	IU/mL

Interpretation:

Rubella is transmitted by aerosols. and is contagious during the incubation period of two to three weeks. The majority of infections occur between the ages of 5 to 14 years and lead to life- long immunity. Rubella virus transmitted transplacentally during the first trimester of pregnancy causes the highest rate of embryonic deformities. Congenital Rubella Syndrome includes low birth weight, cataract, deafness, congenital heart disease and mental retardation. A positive Rubella IgG antibody indicates successful immunization or past exposure. The result of a single antibody determination should not be used to diagnose recent infection. Acute and convalescent sera should be collected 2-4 weeks apart and a rising titer of more than 30% is considered significant.
The test differentiates between past exposure and recent infection. Rising antibody titer (> 30%) in serial serum samples indicates recent infection. It also indicates successful immunization status.

Rubella virus IgM Antibody *(Serum)*			
Rubella virus IgM *CLIA*	5.60	Negative : < 20 AU/ml Borderline : 20 – 25 AU/ml Positive : > 25 AU/ml	AU/mL

Interpretation:

Rubella is transmitted by aerosols. and is contagious during the incubation period of two to three weeks. The majority of infections occur between the ages of 5 to 14 years and lead to life- long immunity. Primary post natal Rubella virus infection is typically a mild self limiting disease but in utero infection may severely damage the fetus. In case of acute primary infection, IgM has been detected 4-15 days after the appearance of rash. The levels begin to decline after 36-70 days but infrequently may be detected upto 180 days. In suspected cases of primary infection, the optimum time of specimen collection is 1-2 weeks after the onset of rash. Rubella virus transmitted transplacentally during the first trimester of pregnancy causes the highest rate of embryonic deformities. Congenital Rubella Syndrome includes low birth weight, cataract, deafness, congenital heart disease and mental retardation.

Note:
1. Equivocal results should be retested after 2 weeks and accompanied by a test for Rubella IgG.
2. Reactive IgM antibody may indicate current infection, re-infection or recent vaccination.
3. To differentiate between current and re-infection, IgG avidity test is recommended. High avidity index is suggestive of re-infection.

CMV (Cytomegalovirus) IgG Antibodies *(Serum)*			
Cytomegalovirus IgG *CLIA*	2.30	Negative : < 12.0 Equivocal : 12.0 – 14.0 Positive : > 14.0 :	IU/mL

Interpretation:

Cytomegalovirus (CMV) is a member of the Herpes virus family. Infections are usually mild and asymptomatic but may pose a significant medical risk in pregnant women, newborns and immunocompromised individuals. In utero infection can lead to varying degrees of mental

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Torch Igg And Igm - 10 Parameter

retardation, chorioretinitis, hearing loss and neurologic problems. Since the risk of in utero transmission and CMV related damage to the fetus is highly likely during primary infection, reliable recognition of primary infection is of high importance in pregnant women.
Non reactive results do not always exclude the possibility of infection. Patients with non reactive results in suspected early disease cases should be retested after 3 weeks. Presence of CMV IgG antibodies indicates past or acute infection. It is recommended to test for CMV IgM and CMV IgG avidity to exclude primary infection. Positive CMV IgM in association with low CMV IgG avidity is a strong indicator of primary infection within the last 4 months.

CMV (Cytomegalovirus) IgM Antibodies *(Serum)*

Cytomegalovirus IgM *CLIA*	3.20	Negative : <18.0 Equivocal : 18.0–22.0 Positive : >22.0	IU/mL

Interpretation:
Cytomegalovirus (CMV) is a member of the Herpes virus family. Infections are usually mild and asymptomatic but may pose a significant medical risk in pregnant women, newborns and immunocompromised individuals. In utero infection can lead to varying degrees of mental retardation, chorioretinitis, hearing loss and neurologic problems. Since the risk of in utero transmission and CMV related damage to the fetus is highly likely during primary infection, reliable recognition of primary infection is of high importance in pregnant women. It is recommended to test for CMV IgG and CMV IgG avidity to exclude primary infection. Positive CMV IgM in association with low CMV IgG avidity is a strong indicator of primary infection within the last 4 months.
Note:
1. Non reactive results does not exclude the possibility of infection. Patients with Non reactive results in suspected early disease may be retested after 3 weeks.
2. Equivocal results may be retested after 2 weeks.
3.Reactive results indicate primary infection, reinfection or reactivation of latent virus.

Herpes Simplex Virus 1 IgG - Serum *(Serum)*

HSV 1 IgG *CLIA*	0.02	Negative : < 0.9 : Borderline : 0.9 – 1.1 Positive : > 1.1	Index

Interpretation:
The Herpes simplex virus (HSV) is a member of the Herpesviridae family, of which two types are known: type 1 (HSV-1) and type 2 (HSV-2) which present slight antigenic differences. HSV-1 causes chiefly oral-facial lesions, while HSV-2 is mainly responsible for genital lesions.

Positive result indicates past infection with Herpes Simplex virus 1 or administration of HSV 1 immunoglobulins. The test cannot be used as only method for a clinical diagnosis.The test result should be used in conjunction with information available from the evaluation of the case history or other diagnostic procedures.
Pregnant females with positive HSV 1 specific IgG antibodies are considered to be immune and hence risk of transmission of infection to fetus is minimal.
Negative result indicates person has not been exposed to Herpes Simplex virus 1 in the past. 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. Negative results may not exclude an eventual infection.

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For borderline results, a second serum sample obtained 8-14 days later, should be tested in parallel to determine an increase in the IgG antibody level.			
Herpes Simplex Virus 1 IgM - Serum *(Serum)*			
HSV 1 IgM *ELISA*	0.01	Negative : < 0.8 Borderline : 0.8 – 1.2 Positive : > 1.2	Ratio

Interpretation:

The Herpes simplex virus (HSV) is a member of the Herpesviridae family, of which two types are known: type 1 (HSV-1) and type 2 (HSV-2) which present slight antigenic differences. HSV-1 causes chiefly oral-facial lesions, while HSV-2 is mainly responsible for genital lesions, but this distinction is not binding.

Positive result for Herpes Simplex virus 1 IgM may indicate acute infection, reinfection or reactivation of latent virus. Persistence of low level HSV 1 IgM antibodies following post infection over a long period is not uncommon. False positive reaction may occur due to high levels of rheumatoid factor or cross reactivity by HSV 2 & during the course of other viral illnesses.

Negative result for Herpes Simplex virus 1 IgM does not rule out the possibility of infection. Retesting is recommended after 8-14 days. Seroconversion or rising titre indicates presence of active infection. False negative reaction may be due to processing of sample collected early in the course of disease or absence of immune response.

Herpes Simplex Virus 2 IgG - Serum *(Serum)*			
HSV 2 IgG *CLIA*	0.03	Negative : < 0.9 Borderline : 0.9 – 1.1 Positive : > 1.1	Index

Interpretation:

The Herpes Simplex Virus (HSV) is a member of the Herpesviridae family, of which two types are known: Type 1 (HSV-1) and Type 2 (HSV-2) which present slight antigenic differences. HSV-1 causes chiefly oral-facial lesions, while HSV-2 is mainly resposible for genital lesions, but this distinction is not binding, both types occasionally causing infection in either anatomical site. HSV may also cause a form of ocular keratitis and lesions of the central nervous system. The primary infection is often a subclinical form and is rarely diagnosed. After a latency period of variable duration, reactivation may occur and viral replication may or may not give rise to clinical lesions. Infection contracted during birth is of particular interest, this being an important cause of morbidity and mortality. It is therefore important to determine the immunity state of women during pregnancy in order to detect serum conversion. The assay of specific IgG is important to establish the serological state of the patient.
All the positive results require a careful interpretation. The test cannot be used as the only method for a clinical diagnosis. Negative results may not exclude an eventual infection. The test result should be used in conjunction with information available from evaluation of the case history or other diagnostic procedures.
For Borderline results, second sample obtained 8-14 days later should be tested in parallel to determine an increase in the IgG antibody level.

Herpes Simplex Virus 2 IgM - Serum *(Serum)*			
HSV 2 IgM *ELISA*	0.05	Negative : < 0.8 Borderline : 0.8 – 1.2	Ratio

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Torch Igg And Igm - 10 Parameter			
		Positive : > 1.2	

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

Disclaimer:
1. 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.
2. 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 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.

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