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

MC-2751

AMPATH
ACCURATE DIAGNOSTICS, AMERICAN STANDARDS.

LABORATORY REPORT

NAME	**: MR.PR0209**	REFERRED BY	: SELF	VISIT NO	: VAMP26148135
AGE	: 40Y 0M 0D	ZERO TARIFF CLIENT CODE		COLLECTED ON	: 21-04-2026 10:00
GENDER	: Male	**LAB MR#**	**: AAMP01479414**	RECEIVED ON	: 21-04-2026 18:11
OP / IP / DG #	:			APPROVED ON	: 22-04-2026 12:57
				REPORT STATUS	: Final Report

Test Name	Result	Biological Ref. Interval	Unit
Ibd Screening Panel I			
SEROLOGY AND IMMUNOLOGY			
Anti Saccharomyces cervisae (ASCA) IgA Antibody *(Serum)*			
ASCA-IGA *ENZYME IMMUNO ASSAY*	6.23	Negative: 0-20 Equivocal: 20.1-24.9 Positive:>=25	RU/mL

Interpretation:

Interpretation:
1. A positive result indicates the presence of ASCA IgA antibodies and suggests the possibility Crohn's disease.
2. A specimen with equivocal levels of ASCA IgA cannot be assessed for antibody status. If results remain equivocal after repeat testing, the result should be reported as equivocal and/or an additional sample should be taken.
3. A negative results indicates no ASCA IgA antibody or levels below the negative cut-off of the assay.

Limitations:

1. The presence of immune complexes or other immunoglobulin aggregates in the patient sample may cause an increased level of non-specific binding and produce false possitives in this assay
2. A negative ASCA IgA result does not rule out the presence of Crohn's disease.
3. A negative ASCA IgA antibody does not rule out the presence of ASCA antibodies,Because the concentration of antibody may be below the detection limit of the assay.
4. A positive test result only indicates the presence of antibody to S.cerevisiae and does not necessarily indicate the presence of Crohn's disease.
5. This test may be used to complement, But not to substitute for ASCA IgG antibody screening. ASCA IgA results on specimens should not be repeated without the corresponding ASCA IgG results.
6. Results of this assay should be used in conjunction with clinical findings and other serological tests.

Anti Saccharomyces cervisae (ASCA) IgG Antibody *(Serum)*			
ASCA-IgG *ELISA*	2.35	Negative : 0.0 – 20.0 Equivocal : 20.1 – 24.9 Positive : >=25	Units

Interpretation:

Interpretation:
1. A positive result indicates the presence of ASCA IgG antibodies and suggests the possibility Crohn's disease.
2. A specimen with equivocal levels of ASCA IgG cannot be assessed for antibody status. If results remain equivocal after repeat testing, the result should be reported as equivocal and/or an additional sample should be taken.
3. A negative results indicates no ASCA IgG antibody or levels below the negative cut-off of the assay.

Limitations:

1. The presence of immune complexes or other immunoglobulin aggregates in the patient sample may cause an increased level of non-specific binding and produce false possitives in this assay.
2. A negative ASCA IgG result does not rule out the presence of Crohn's disease.

Sin No: 20385432

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

MC-2751

AMPATH
ACCURATE DIAGNOSTICS, AMERICAN STANDARDS.

LABORATORY REPORT

NAME	**: MR.PR0209**	REFERRED BY	: SELF	VISIT NO	: VAMP26148135
AGE	: 40Y 0M 0D	ZERO TARIFF CLIENT CODE		COLLECTED ON	: 21-04-2026 10:00
GENDER	: Male	**LAB MR#**	**: AAMP01479414**	RECEIVED ON	: 21-04-2026 18:11
OP / IP / DG #	:			APPROVED ON	: 22-04-2026 12:57
				REPORT STATUS	: Final Report

Test Name	Result	Biological Ref. Interval	Unit

Ibd Screening Panel I

3. A negative ASCA IgG antibody does not rule out the presence of ASCA antibodies,Because the concentration of antibody may be below the detection limit of the assay.
4. A positive test result only indicates the presence of antibody to S.cerevisiae and does not necessarily indicate the presence of Crohn's disease.
5. Results of this assay should be used in conjunction with clinical findings and other serological tests.

ANCA (Anti Neutrophil Cytoplasmic Antibody) Screen without titer - IFA *(Serum)*

ANCA Result *Immunofluorescence - Microscopy*	Negative	Negative
c-ANCA	Negative	Negative
p-ANCA	Negative	Negative

Interpretation:

IgG reactivity	Interpretation
No Fluorescence at 1:10	Negative. (No antibodies against cell nuclei detectable in the given sample).
Fluorescence at 1:10	Positive

Note
1.Autoimmune reactivities are not by themselves diagnostic, but must be correlated with other laboratory & clinical findings.
2. Test conducted on Serum.
Demonstration of ANCA is about 95% sensitive and 90% specific for Wegener's granulomatosis and Microscopic polyangiitis. Necrotising vasculitis are a group of disorders with varied clinical presentations which include Wegener's granulomatosis, Polyarteritis nodosa, Churg Strauss syndrome & Idiopathic crescentic glomerulonephritis. ANCA positivity presents in two types of patterns, c-ANCA (Proteinase 3 / PR3) & p-ANCA (Myeloperoxidase / MPO).

Pattern	Antigen	Clinical Association
c-ANCA	PR3	* Wegener's granulomatosis (90%) * Microscopic polyangiitis (50%) * Churg Strauss syndrome (30%) * Systemic sclerosis (20%) * Rheumatoid arthritis (17%) * Acute reactive arthritis (4%) * Chronic reactive arthritis (2%) * Crescentic glomerulonephritis
p-ANCA	MPO	* Necrotising crescentic Glomerulonephritis (80%) * Polyarteritis nodosa (62%) * Microscopic polyangiitis (50%) * Rapidly progressive glomerulonephritis (50%) * Rheumatoid arthritis (47%) * Churg Strauss syndrome (40%)
Atypical p-ANCA	MPO	* Ulcerative colitis (40%) * Crohn's disease (20%)

Sin No: 20385432

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

MC-2751

AMPATH
ACCURATE DIAGNOSTICS, AMERICAN STANDARDS.

LABORATORY REPORT

NAME	**: MR.PR0209**	REFERRED BY	: SELF	VISIT NO	: VAMP26148135
AGE	: 40Y 0M 0D	ZERO TARIFF CLIENT CODE		COLLECTED ON	: 21-04-2026 10:00
GENDER	: Male	**LAB MR#**	**: AAMP01479414**	RECEIVED ON	: 21-04-2026 18:11
OP / IP / DG #	:			APPROVED ON	: 22-04-2026 12:57
				REPORT STATUS	: Final Report

Test Name	Result	Biological Ref. Interval	Unit
Ibd Screening Panel I			

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.

Sin No: 20385432