



LABORATORY REPORT

NAME	: MR.SI0107	REFERRED BY	: SELF	VISIT NO	: VAMP26147753
AGE	: 40Y 0M 0D	ZERO TARIFF CLIENT CODE		COLLECTED ON	: 21-04-2026 10:00
GENDER	: Male	LAB MR#	: AAMP01479037	RECEIVED ON	: 21-04-2026 17:31
OP / IP / DG #	:			APPROVED ON	: 21-04-2026 18:02
				REPORT STATUS	: Final Report



Test Name	Result	Biological Ref. Interval	Unit
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SEROLOGY AND IMMUNOLOGY

Acetylcholine Receptor (ACHR) Binding Antibody (Serum)

ACHR Antibody ELISA	0.10	Negative: <0.40 Borderline: >=0.40 - <0.50 Positive : >=0.50	nmol/L
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Interpretation:

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1. Auto Antibody acetylcholine receptor Antibodies are heterogeneous regarding their biological effects. They can act as modulating or blocking antibodies. This test is Antibody binding assay and cannot ascertain biological effects of the Antibody.
2. Autoantibodies to the acetylcholine receptor are responsible for failure of the neuromuscular junction in Myasthenia Gravis
3. The frequency of ACHR antibody detection in MG patients with moderate to severe generalized MG, mild generalized MG, and ocular MG are found to be 93%, 88%, and 71% respectively.
4. These antibodies can also be found in some other disorders like- primary biliary cirrhosis, tardive dyskinesia, autoimmune thyroiditis, systemic lupus erythematosus, thymoma without myasthenia, and amyotrophic lateral sclerosis.
5. The antibody titres can be negative or not detectable in the first 12 months after the onset of symptoms of MG or during immunosuppressant therapy.
6. The magnitude of the antibody titres correlates poorly with severity of MG and hence is not useful for predicting disease activity.

Note :- All value below 0.01 is reported as NOT DETECTED.

References

1. Vincent A, Newsom-Davis J. Acetylcholine receptor antibody as a diagnostic test for myasthenia gravis: results in 153 validated cases and 2967 diagnostic assays. J Neurol Neurosurg Psychiatry 1985; 48: 1246-52.
2. Limberg PC, Hummel E, Relationship between changes in anti-acetylcholine receptor antibody concentration & disease severity in myasthenia gravis. Ann N Y Acad Sci 1981; 377: 859-61.
3. Garlepp MJ, Kay PH, Dawkins RL. The diagnostic significance of autoantibodies to the acetylcholine receptor. J Neuroimmunol 1982; 3: 337-50. Associated Test : Anti Musk Antibodies (Muscles specific receptor tyrosine kinase).





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**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.

