IMMUNOSCIENCES LAB, INC.
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TEL: (310) 657-1077 FAX: (310) 657-1053
E-MAIL: immunsci@gmail.com

REFERRING PHYSICIAN

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RESEARCH
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PATIENT NAME	AGE	SEX
SAMPLE, REPORT	37Y	F

ACCESSION NO.	D.O.B.	COLLECTION DATE	LOG-IN DATE	TEST DATE	REPORT DATE
AAAA4	08/11/1984	11/5/2021	12/21/2021	12/21/2021	12/21/2021

TEST	RESULTS NORMAL	RESULTS ABNORMAL	REFERENCE RANGE	UNITS

AUTOIMMUNE PANEL BASIC

ANTI-NUCLEAR ANTIBODY	<1:40		<1:40	TITER

RESULTS REPORTED AS <1:40 ARE CONSIDERED NEGATIVE;
EQUAL TO OR GREATER THAN 1:40 ARE CONSIDERED POSITIVE.
TEST PERFORMED BY LABORATORY MEDICINE

RHEUMATOID FACTOR IgM	0.50		<6.0	UNITS

RESULTS REPORTED AS >6.0 ARE CONSIDERED POSITIVE.

C1Q TOTAL IMMUNE COMPLEX	0.50		<4.4	Ug Eq/mL

RESULTS REPORTED AS 4.4-<10.8 UG Eq/mL ARE CONSIDERED EQUIVOCAL.

High titers of ANA may be seen in patients with rheumatoid arthritis, scleroderma, discoid lupus, necrotizing vasculitis, Sjogren's syndrome and mixed connective tissue disease. The presence of ANA is one of the hallmarks of the systemic autoimmune diseases. Immune complexes or other immunoglobulin aggregates in the patient sample may cause increased non-specific binding and produce false positive results.
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Rheumatoid Factors (RF) are immunoglobulins of any isotype with antibody activity directed against antigenic sites in the Fc region of human or animal immunoglobulin (Ig). Because of its pentavalent structure and ability to cross-link immunoglobulin G antigen, IgM-RF is the main isotype identified by clinically available diagnostic tests for RF detection. The concentration of RF tends to be highest when the disease peaks and tends to decrease during prolonged remission. RF is not unique to RA. RF is present in about 4% of the general population, in 75% of adult patients with the highest incidence in patients over 65 years of age, and in nearly all people with Sjogren's. Increased titers may accompany acute immune responses particularly viral infections.
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Antigen-antibody interactions can result in the formation of immune complexes. Large deposits of immune complexes in vascular structures with subsequent activation of inflammatory pathways such as the complement cascade, can result in an immune complex disease state with subsequent tissue damage. High levels of C1Q binding immmune complexes are detected in patients with active humoral immune response to infectious agents and other environmental factors. Furthermore, accumulation of immune complexes in the blood may indicate abnormal liver function, since one of the major functions of Kupfer cells in the liver is to remove immune complexes. Very significant elevations of immune complexes are reported in cancer patients and their level correlates with the stage of the disease.

* * LIMITATIONS * *

*Specimens received as hemolytic, lipemic, bacterially contaminated, or heat inactivated, are rejected for analysis.

Gopal Krishnan, PhD,HCLD (ABB), Lab Director

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