

REFERRING PHYSICIAN	

RESEARCH	

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PATIENT NAME						AGE	SEX	
SAMPLE, REPO	ORT					37Y	F	
ACCESSION NO.	D.O.B.	COLLECTION DATE	LOG-IN DATE	TEST DATE	REI	PORT DAT	E	•
22227	00/11/1004	11/5/2021	12/21/2021	12/21/2021	1.0	/21/2	021	1

ACCESSION NO.	D.O.B.	COLLECTION DATE	LOG-IN DATE	TEST DATE	REPORT DATE
AAAA37	08/11/1984	11/5/2021	12/21/2021	12/21/2021	12/21/2021
	TEST	RESU NORMAL A	LTS ABNORMAL	REFERENCE RANGE	UNITS
	v	riral panel con	APREHENSIVE		
IgG HSV 1	+2 (HERPES 1+2)	1.50		<16.0	EU/mL
	CONSIDEREI PREVIOUS	EPORTED AS <16 AND EQUIVOCAL; EQUIVOCAL; EQUIVOCAL; EXPONDING HSV 2.	AL TO OR GREATE	R THAN 20 INDICA	ATE
IgM HSV 1-	+2 (HERPES 1+2)	0.80		<0.9	INDEX
	0.9-1.09 A	EPORTED AS < 0.9 ARE CONSIDERED ECONSIDERED POSITION	QUIVOCAL; EQUAL		'HAN
IgG HHV-6	(HERPES TYPE-6)	0.80		<37.00	EU
	LIMIT OF D	PORTED AS <8 EU DETECTION AND FRO 7 MAY INDICATE A	OM 8-37 ARE CON	SIDERED NEGATIVE	١.
IgM HHV-6	(HERPES TYPE-6)	0.80		<24.00	EU
	LOWER LIMI	PORTED AS <8 EUT OF DETECTION ARESULTS >24 MAY	AND FROM 8-24 A	RE CONSIDERED	

HUMAN HERPESVIRUS TYPE 6 (HHV-6) TYPE A AND TYPE B ARE NEUROTROPHIC VIRUSES THAT CAUSE THE COMMON CHILDHOOD DISEASE KNOWN AS ROSEOLA. BY AGE 3, 90-100% OF HUMANS ARE INFECTED BY HHV-6 VIA THE NASAL CAVITY. THE OLFACTORY PATHWAY IS THE MAJOR ROUTE OF ENTRY INTO THE NERVOUS SYSTEM. THE VIRUS PERSISTS IN A VARIETY OF CELLS, INCLUDING GLIAL CELLS, FOR THE REST OF THE AFFLICTED PERSONS LIFE. IMMUNE REACTION AGAINST HHV-6 RESULTS IN THE PRODUCTION OF BOTH IGM AND IGG ANTIBODIES.



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

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PATIENT NAME AGE SEX F 37Y SAMPLE, REPORT ACCESSION NO. D.O.B. **COLLECTION DATE** LOG-IN DATE **TEST DATE** REPORT DATE 12/21/2021 12/21/2021 12/21/2021 08/11/1984 11/5/2021 AAAA37

> RESULTS REFERENCE **TEST** UNITS **ABNORMAL** NORMAL RANGE

HHV-6 A REACTIVATION DOCUMENTED BY IGM ANTIBODY ELEVATION HAS BEEN SHOWN TO ALTER MITOCHONDRIAL FRAGMENTATION IN PATIENTS WITH CHRONIC FATIGUE SYNDROME OR MYALGIC ENCEPHALOMYELITIS. HHV-6 B IS LINKED TO SEVERAL AUTOIMMUNE AND NEURODEGENERATIVE DISORDERS VIA MOLECULAR MIMICRY AND OTHER MECHANISMS. THESE INCLUDE, MS, GUILLAIN-BARRE SYNDROME, LUPUS, SJOGRENS SYNDROME, HASHIMOTOS THYROIDITIS, ALZHEIMERS DISEASE, PARKINSONS DISEASE, EPILEPSY, AND ENCEPHALITIS, INCLUDING MYALGIC ENCEPHALLOMYELITIS (ME/CFS). IN THE PRESENCE OF SIGNIFICANT ELEVATIONS IN IGG ANTIBODY AGAINST ANTIGENS OF HHV-6 TYPE A OR TYPE B, THE BINDING OF THESE IGG ANTIBODIES TO HUMAN TISSUE ANTIGENS MAY RESULT IN AUTOIMMUNE REACTTIVITY.

REFERENCES

BROCCOLO F, FUCETTI L, CECCHERINI-NELLI L. POSSIBLE ROLE OF HUMAN HERPESVIRUS 6 AS A TRIGGER OF AUTOIMMUNE DISEASE. SCIENTIFIC WORLD JOURNAL, 2013; 2013:867389. DOI: 10.1155/2013/867389.

SEPULVEDA N ET AL. MYALGIC ENCEPHALOMYELITIS/CHRONIC FATIGUE SYNDROME AS A HYPER-REGULATED IMMUNE SYSTEM DRIVEN BY AN INTERPLAY BETWEEN REGULATORY T CELLS AND CHRONIC HUMAN HERPESVIRUS INFECTIONS. FRONTIERS IN IMMUNOLOGY, NOVEMBER 2019. DOI: 10.3389/FIMMU.2019.02684.

The performance characteristics of the HHV-6 Antibody tests were established through validation by Immunosciences Lab., Inc. It has not been cleared or approved by the US Food and Drug Administration. Immunosciences Lab., Inc. is regulated under the Clinical Laboratory Improvement Amendments of 1988 (CLIA) as qualified to perform high complexity clinical testing.

IgG VARICELLA-ZOSTER

0.80

<0.9

ISR

RESULTS REPORTED AS <0.9 ARE CONSIDERED NON-IMMUNE, BETWEEN 0.9-1.09 ARE CONSIDERED EQUIVOCAL AND EQUAL TO OR GREATER THAN 1.0 ARE CONSIDERED IMMUNE.

IgG CYTOMEGALOVIRUS

0.80

<0.9

ISR



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AAAA37	08/11/1984	11/5/2021	12/21/2021	12/21/2021	12/21/2021		
	TEST	RESULTS NORMAL ABN		REFERENCE RANGE	UNITS		
IgM CYTOM	EGALOVIRUS	0.80		<0.9	ISR		
	IgG AND IgM EQUIVOCAL.	RESULTS REPORTE	AS 0.9-1.09	ARE CONSIDERED			
IgG RUBEO	LA/MEASLES	0.85		<0.9	ISR		
		ARE CONSIDERED		NON-IMMUNE, BETWE .9 ARE CONSIDEREI			
IgM RUBEO	LA/MEASLES	0.00		<0.9	ISR		
	RESULTS REPO		OR GREATER	RED EQUIVOCAL, AN THAN 1.10 MAY IN- MEASLES VIRUS.			
IgG EPSTE	IN-BARR VCA	0.00		<0.9	ISR		
IgM EPSTE	IN-BARR VCA	0.00		<0.9	ISR		
IgG EARLY	ANTIGEN	0.00		<0.9	ISR		
IgG EB NU	CLEAR ANTIGEN	0.00		<0.9	ISR		
IgM EB NU	CLEAR ANTIGEN	0.80		<0.9	INDEX		
INTERPRETATIONS OF SEROLOGIC PATTERNS IN EBV INFECTION							
1		Patients EBV		-			
	AB Susc	eptible Pri <mark>mary</mark> EBV	(3 mo.)	nt Past Reactiva	ted		
	VCA-IgM	-	+ or -				
	VCA-IgG	-	+	+ +			
	EA-D EBNA-IgG		+ + or -	- + + +			
	EBNA-IGM	-	+ or -	- +			
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AAAA37	08/11/1984	11/5/2021	12/21/2021	12/21/2021	12/21/202
	TEST	RESUL NORMAL AE		REFERENCE RANGE	UNITS
	* *	* * * results may indic	* *	* *	* *
		results may indic			
	[] Test	results may ind <mark>ic</mark>	ate on-going v	riral infection	
	* *	* * *		* *	* *
	HUMAN VIRU LIFTIME. I INFECTION PRODUCTION VIRAL CAPS THE VIRUS LYMPHOCYTE UNDER A VI	ARR VIRUS (EBV) OF COMPARISON OF EARLY OF EARLY	LMOST ALL HUMAND IN SOME ADUINCES, WHICH REDUINCE AND LOSIS, WHICH REDUINCE AND LOSIS, WHICH REDUINCE APPLICATIONS THAT NEGATION OF EBV CAN COME.	NS DURING THIES LTS CAUSES THE SULTS IN THE TBODIES AGAINS! G THE ACUTE PHO IAL CELLS AND I D PERSONS LIFE IVELY AFFECT THE CCUR, RESULTING	R I ASE, B
	EPSTEIN-BAINDUCES THE ARE RESPONDED THIS PROLIFERATION HASHIMOTOS INFLAMMATO AND SJOGRE	N OF ANTIBODY AGAINARR NUCLEAR ANTIGHE PRODUCTION AND ISSUE FOR THE GENOME AND AUTOIMMUME, RHEUMATOID ARTHUS DISEASE, LUPUS, ORY BOWEL DISEASE ENS SYNDROME. THE BY ANTIGENS MAY IN	EN (EBNA) IS A PROLIFERATION NERATION OF AN SOCIATED WITH NE DISORDEWRS, RITIS, GRAVES MULTIPLE SCLE , CELIAC DISEA ELEVATION OF	OF B CELLS, WE TIBODIES IN THE DIFFERENT INCLUDING DISEASE, ROSIS (MS), SE, TYPE 1 DIAGIGM ANBTIBODY	HICH E BETES,
	OR VIRAL F IGG ANTIBO TO BIND TO	REACTIVATION. IN CODY AGAINST EBV AND SELF-TISSUE ANT	THE CASE OF VE NTIGENS, IF TH IGENS DUE TO C	RY HIGH LEVELS ESE ANTIGENS MA	OF ANAGE

REFERENCES

HOUEN G, TRIER NH. EPSTEIN-BARR VIRUS AND SYSTEMIC AUTO-IMMUNE DISEASES. FRONTIERS IN IMMUNOLOGY, JANUARY 2021.

THE RESULT MAY BE AUTOIMMUNE REACTIVITY.



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SAMPLE, REPO	RT					37Y	F
ACCESSION NO.	D.O.B.	COLLECTION DATE	LOG-IN DATE	TEST DATE	REI	PORT DAT	E
AAAA37	08/11/1984	11/5/2021	12/21/2021	12/21/2021	12	2/21/2	021

RESULTS REFERENCE TEST UNITS NORMAL **ABNORMAL RANGE**

DOI:103389/FIMMU.2020.587380.

HARLEY JB ET AL. TRANSCRIPTION FACTORS OPERATE ACROSS DISEASE LOCI, WITH EBNA2 IMPLICATED IN AUTOIMMUNITY. NATURE GENETICS, 50:699-707, 2018.

IgG AND IgM REPORTED AS 0.91-1.09 ARE CONSIDERED EQUIVOCAL.

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