

Regenerus Laboratories

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Client No. 4095

Name

Sample Report 4MBH1

D.o.B.

Gender

M

Request No.

Address

Received 20.02.2024

Reported 26.02.2024

Patient No. 836832

Sampl. Time

19.02.2024 15:09:00

Height cm

Weight kg

Body Mass Index

Medical History:

Keine Angaben

Interpretation:











Notice:

Profiles according to MeGeMIT are generally not assessed individually by Lab4More in agreement with MeGeMIT







Basic Check Ups

Test Name	Result	Ref. Range	Units	Previous	Trend Line /Date
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Blood Count

Erythrocytes	↑ 5.40		3.95 - 5.25	/pl	
Haemoglobin	14.6		11.2 - 14.6	g/dl	
HCT	↑ 44.0		34 - 43.5	%	
MCV	82		81 - 99	fl	
MCH	27.0		25 - 31.5	pg	
MCHC	33.2		32 - 36	g/dl	
Platelets	444		130 - 450	TSND/μl	
WBC	6.7		4.5 - 13.5	/nl	
MPV	10.1		7.8 - 11.5	fl	
RDW	13.0		11.5 - 14.5	%	

Differential





Lymphocytes	37.1		25 - 50	%	
Lymphocyte count	2.50		1.5 - 6	/nl	
Monocytes	7.4		3.4 - 9	%	
Monocyte count	0.50		0.1 - 0.95	/nl	
Neutrophils	51.9		40 - 74	%	
Granulocyte count	3.50		1.7 - 8.1	/nl	

Blood Count with Differential

Eosinophils	2.7		< 7	%	
Eosinophile count	0.18		< 0.7	/nl	
Basophils	0.9		< 1.5	%	
Basophil count	0.06		< 0.2	/nl	

MEGEMIT DIAGNOSTIC

Test Name	Result	Ref. Range	Units	Previous	Trend Line /Date
Immune Status (MeGeMIT)					
Leucocytes	6.7		4.5 - 13.5	/nl	
Lymphocytes	2500		2000 - 6000	/μl	
T3 T-Lymph abs	1872		1800 - 3000	/μl	
T3 T-Lymph rel	75		62 - 76	%Lympho	
T4 T-Helper abs	961		700 - 1800	/μl	
T4 T-Helper rel	38		30 - 41	%Lympho	
CD8-cells abs	679		600 - 1500	/μl	
CD8 cells rel	27		20 - 38	%Lympho	
CD4/CD8 Ratio	1.40		1 - 1.6	Ratio	
T8 cytotox abs	↑ 675		260 - 550	/μl	
T8 cytotox rel	↑ 27.0		15 - 25	%Lympho	
T8 suppr abs	46		< 300	/μl	
T8 suppr rel	1.8		< 13	%Lympho	
RatioT8zyt/T8sup	↑ 14.82		1.5 - 4	Ratio	
T3 activated abs	130		< 170	/μl	
T3 activated rel	5		< 10	%Lympho	
NK1 CD8-CD57+abs	24		< 160	/μl	
NK1 CD8-CD57+rel	1		< 8	%Lympho	
NK2 3+16+56+ abs	46		< 120	/μl	
NK2 3+16+56+rel	2		< 5	%Lympho	
NK3 3-16+56+abs	↓ 172		200 - 600	/μl	
NK3 3-16+56+rel	↓ 7		8 - 16	%Lympho	
B-cells abs	413		300 - 1300	/μl	
B-cells rel.	17		12 - 28	%Lympho	
CD5+B-cells abs	75			/μl	
CD5+B-cells rel	18		< 30	%B-Zell.	
CD80+Bcells abs	↑ 35		4 - 27	/μl	
CD80+Bcells rel	9		3 - 10	%B-Zell.	
T cells regulatory	7			%CD4	
TH17 cells abs	101			/μl	
TH17 cells rel	11			%CD4	
Serology IFT					
EBV antibody IFT					
VCA-IgG	<1:80		< 1:80	Titer	
VCA-IgM	<1:10		< 1:10	Titer	
Early IgG	<1:20		< 1:20	Titer	
EBNA IgG	<1:20		< 1:20	Titer	
VZV antibody IFT					
VZV-IgG	↑ 1:320		< 1:40	Titer	
VZV-IgA	<1:40		< 1:40	Titer	
CMV antibody analogous to IFT					



Test Name	Result	Ref. Range	Units	Previous	Trend Line /Date
CMV- IgG	<1:80		< 1:80	Titer	
<i>Please note: The examination was carried out in an enzyme immunoassay, the results are shown analogous to the immunofluorescence in the known titer levels, Due to the change in measurement, preliminary findings can no longer be displayed!</i>					
CMV IgA	negative	negativ			
HSV1/2 antibody IFT					
HSV1/2-IgG	<1:80		< 1:80	Titer	
HSV1/2-IgA	negative	negativ			
Parvo antibody IFT					
Parvovirus B19 IgG	<1:80		< 1:80	Titer	
Parvovirus B19 IgA	<1:40		< 1:40	Titer	

Infections

Serology/Antibodies

Viral Antibodies




HHV6 antibodies

HHV6-IgG	↑ 1:160		< 1:20	Titer
HHV6-IgA-IFT	<1:10		< 1:10	Titer

Parasites

Streptococcus/Staphylococcus serology

Streptococcal Antibody Profile

Antistreptolysin O	↑ 479		< 150	IU/ml
Antihyaluronidase	↑ 400.0		< 300	U/ml
AntiDNase B	192		< 200	U/ml
Antistreptokinase	113.6			ng/ml

Change of method:

Preliminary reference range <223.5 ng/ml (with reservation, the method is still not IVDR-validated)

Laboratory diagnostics carried out and validated by MVZ Labor Bavariahaus, in the case of individual parameters by the authorised partner laboratory, where applicable.

General Information:

Erythrocyte count

A lowered red cell count (erythrocytes) denotes an anaemia.

Haematokrit

The Haematocrit describes the percental volume of cellular components in the blood (mainly erythrocytes). Lowered values are common in anaemia, increased volumes being indicative of erythrocytosis or polycythaemia (increased production of erythrocytes).

Immune profile MeGeMIT

The diagnostic and therapeutic concept of micro-immunotherapy has been very popular with therapists and patients in recent years. Micro-immunotherapy combines immunology and homeopathy and is based on the insight that disorders of the immune system very often play a central role in the development of diseases. The treatment approach of micro-immunotherapy is therefore to influence diseases through clinical and biological improvement of immune regulation. The immune status according to the guidelines of the Medical Society for Micro-immunotherapy (MeGeMIT) involves lymphocyte typing with defined parameters presented in a special graph. It is characterized by a bar chart in which the measured values are given as a percentage of the mean value of the normal range. In addition, a defined sequence of the parameters is specified in the graphic illustration. This is the basis for the MeGeMIT interpretation, which is based on an evaluation of typical constellations (e.g. cathedral image) of the T cell subpopulations, from which the immune situation (activity/deficiency) can be derived. Further information on micro-

immunotherapy can also be found at www.megemit.org

EBV Antibody Status

The first EBV infection normally occurs in childhood without complications and with only mild symptoms. The first adult infections (infectious mononucleosis, glandular fever) is often a severe long lasting infection with liver involvement (very occasionally other organs) and eases within a few weeks. Next the body develops IgM class antibodies to the EA antigen and the VCA antigen followed by the IgG antibodies. In the healing phase the antibodies to the EBV-EBNA are finally produced, the IgM antibodies vanish and the IgG antibodies slowly reduce. In some 25% of the cases the symptoms can last for months without the presence of immunological or virus specific features. This "post infectious" fatigue can last for many months, whereby in most patients a light to marked increase in the antibody titres to EBV antigen are detectable, with however no IgM antibodies to EBV -VCA or EBV-EA but only a raised VCA or EBNA antibody titre. With targeted antiviral therapy these antibody levels also return to a basal levels after a few months.

An uncomplicated infection without protracted symptomatic normally leaves a low titre EBV -VCA antibody and high EBNA antibody. In cases of a reactivation normally no new increase in IgM antibodies is found.

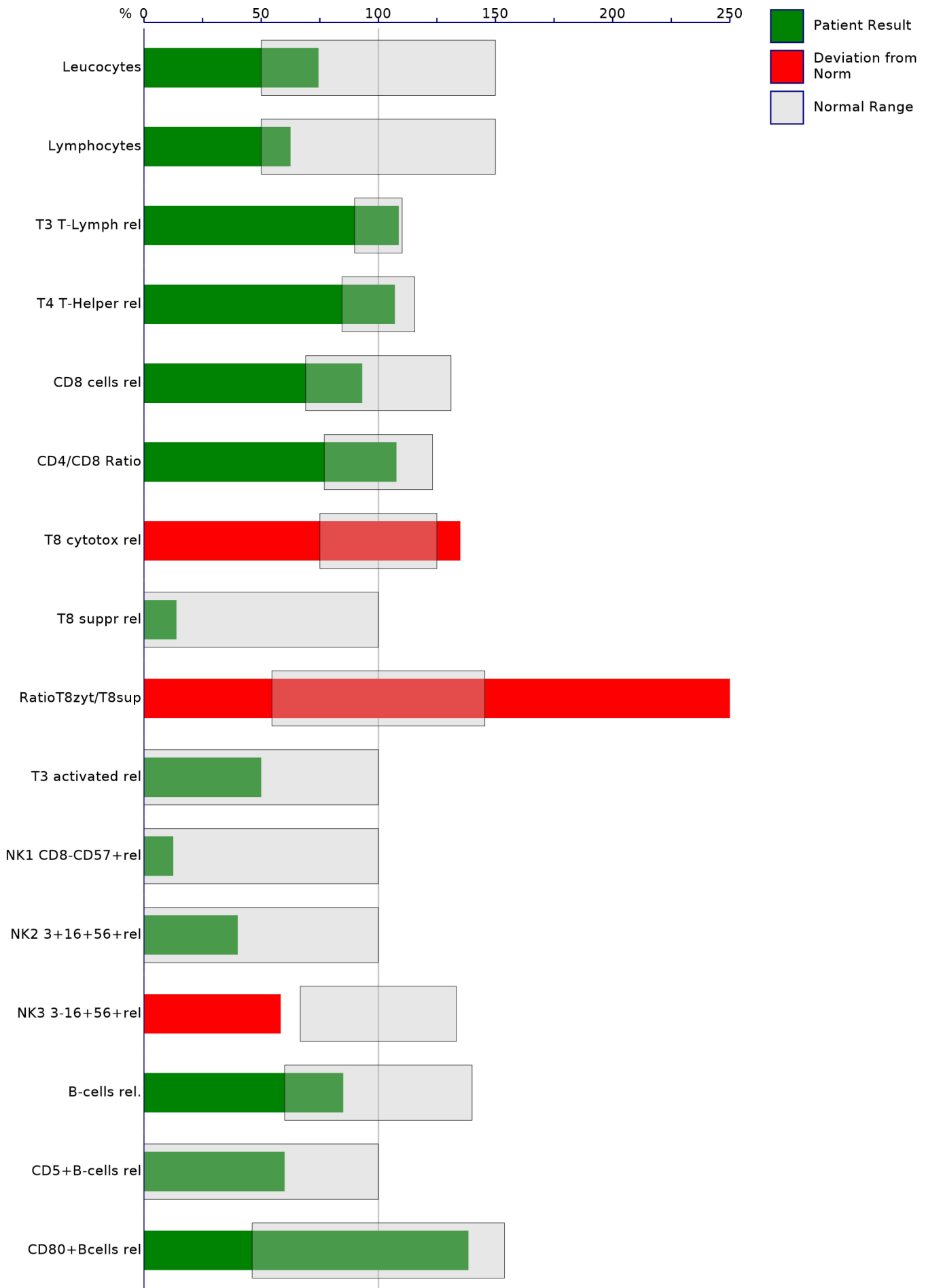
Anti-Streptolysin

Anti-Streptolysin serves as evidence for existing or previous infections with streptococcus (*Streptococcus pyogenes* group A) and its secondary diseases, respectively (rheumatic fever, glomerulonephritis).

The streptolysin O released by the bacteria induces antibody synthesis. Anti -streptolysin titres start increasing one week post infection, then reach a maximum after 3 -5 weeks and then finally decrease back to basic levels after about 6-12 months.

Regular check-ups are recommended every 2-4 weeks to document the progression of disease and prevent the possibility of overlooking a relapse.

Immune Status (MeGeMIT)



Interpretation aid for Microimmunotherapists virus/bacteria IFT dilutions

	1-fold	2-fold	3-fold	4-fold	5-fold
Epstein-Barr-virus					
EBV VCA IgG	1:80	1:160	1:320	1:640	1:1280
EBV VCA IgM	>1:10				
EBV EA IgG	>1:20				
EBV EBNA IgG	<1:20	1:40	1:80	1:160	1:320
Cytomegaly-virus new					
CMV IgG ELISA analogous IFT	1:80	1:160	1:320	1:640	1:1280
CMV IgA	negative	positive			
Herpes-virus group					
HHV6 IgG	1:20	1:40	1:80	1:160	1:320
HHV6 IgA	>1:10				
HSV 1/2 IgG	1:80	1:160	1:320	1:640	1:1280
HSV 1/2 IgA	>1:10				
VZV IgG	1:40	1:80	1:160	1:320	1:640
VZV IgA	>1:40				
Respiratory syncytial virus					
RSV IgG	1:40	1:80	1:160	1:320	1:640
RSV IgA	>1:20				
Parvovirus					
Parvo IgG	1:80	1:160	1:320	1:640	1:1280
Parvo IgA	>1:40				
Chlamydia species: Chl. pneumoniae, trachomatis, psittaci					
Chlamydia species IgG	1:80	1:160	1:320	1:640	1:1280
Chlamydia species IgA	>1:10				

NEW: Norm value change due to batch change

Marked in red: conspicuous titers

Status: March 2023

