

Patient Name : Demo Patient Name
Age / Sex : 39 Y / F
Referred By : DEMO HOSPITAL
Centre : HOD Head Office

Lab No : Demo Visit No
Registration On : 21-Jan-25 10:57
Patient ID : UHID.DEMO.001

Torch IgG Profile				Serum Sample
Accession No: DEMO_BARCODE		Collected On: 21-Jan-25 10:57	Received On: 21-Jan-25 18:51	Approved On: 21-Jan-25 20:22
Observation	Result	Unit	Biological Ref. Interval	Method
Toxoplasma [IgG]	<0.1	IU/mL	<0.8:Non-Reactive <0.8-1.2:Equivocal ≥1.2:Reactive	CLIA
Rubella [IgG]	15.07	IU/mL	<5:Non-Reactive <5-10:Equivocal ≥10:Reactive	CLIA
Cytomegalo Virus(CMV) [IgG]	976.58	AU/mL	<10:Non-Reactive <10-14:Equivocal ≥14:Reactive	CLIA
Herpes Simplex Virus (HSV) - I IgG	<1	AU/mL	<14:Non-Reactive <14-19:Equivocal ≥19:Reactive	CLIA
Herpes Simplex Virus (HSV) - II IgG	<1	AU/mL	<9:Non-Reactive <9-13:Equivocal ≥13:Reactive	CLIA

Clinical Notes:

- This assay is used for quantitative detection of specific IgG antibodies to TORCH in serum samples.
- Reactive result indicates past infection with TORCH. Pregnant females with positive TORCH specific IgG antibodies are considered to be immune and hence risk of transmission of infection to fetus is minimal.
- Equivocal results should be re-tested in 10-14 days.
- Non-Reactive result indicates person has not been exposed to TORCH in the past. Pregnant females with negative TORCH specific IgG antibodies are considered at risk of transmission of infection to fetus. Patients with negative results in suspected disease should be re -tested after 10-14 days. False negative results can be due to immunosuppression or due to low/undetectable level of IgG antibodies.
- To differentiate between recent and past infection, Toxoplasma, Rubella & CMV IgG avidity test is indicated.
- Demonstration of rising antibody titer (four folds) in acute and convalescent sera taken 2-3 weeks apart are indicative of TORCH infection.
- The result should be interpreted in conjunction with clinical finding and other diagnostic tests. The magnitude of the measured result is not indicative of the amount of antibody present.

Clinical Significance:

- Perinatal infections account for 2-3% of all congenital anomalies. TORCH which includes Toxoplasma, Rubella, Cytomegalovirus and Herpes Simplex virus, are some of the most common infections associated with Congenital anomalies. Most of the TORCH infections cause mild maternal morbidity, but have serious fetal consequences. Reliable recognition of acute infection is highly important in pregnant women. IgM-positive result alone does not accurately predict the risk of fetal infection; a positive IgM test should therefore be considered only as a starting point and a more thorough diagnostic evaluation is necessary to determine whether there is a risk of fetal infection. Primary CMV infection may result in establishment of persistent or latent infection. In man the infection is usually asymptomatic. Infections can be acquired through direct contact with individuals shedding the virus. Once HSV infection occurs, it persists in a latent state in sensory ganglia from where it may re-emerge to cause periodic recurrence of infection induced by many stimuli, which may or may not result in clinical lesions. Demonstration of Toxoplasma IgG in the serum of person with eye lesion helps in diagnosing ocular toxoplasmosis while persistent or increasing IgG antibody levels in the infant compared with the mother and/or positive result of Toxoplasma specific IgM or IgA are diagnostic of Congenital toxoplasmosis. Demonstration of rising antibody titer (four folds) in acute and convalescent sera taken 2-3 weeks apart are indicative of postnatal Rubella infection and to check response to Rubella vaccination. Single test results of CMV IgG are useful in screening organ transplant recipients and donors before transplantation and donors of blood products that are to be administered to premature infants and bone marrow transplant patients. Positive result of HSV (1/2) IgG indicates past infection with Herpes Simplex virus or administration of HSV immunoglobulins.
- Reliable recognition of acute infection is highly important in pregnant women. IgM-positive result alone does not accurately predict the risk of fetal infection; a positive IgM test should therefore be considered only as a starting point and a more thorough diagnostic evaluation is necessary.

Remarks: Please correlate results with clinical conditions.



This is a Demo Signature
and the doctor's signature should appear here

In case of any unexpected or alarming results, please contact us immediately for re-confirmation, clarifications, and rectifications, if needed.

